Zip Country  Certificate of Status Desired  Certificate of Status Desired  Certificate of Status  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)  Name of Officers and/or Directors  Officer and/or Director  3 (Do NOT Use Post Office Box Numbers)  4 City / State / Zip	mdra B. Mortham ecretary of State 98 NOV 18 AM 11: 31 SECRETARY OF STATE FALLAHASSEE. FLORIDA  TE DRIVE 33019-1111  REINSTATEMENT 95  Diffice Address, if Applicable 4. Date Incorporated or Qualified
Secretary of State DIVISION OF CORPORATIONS  98 NOV 18 AM 11: 31  SECRE YARY OF STATE FALLAHASSEE, FLORIDA  REINSTATEMENT  Q-6 To De Business in Florida To Do Business in Florida	98 NOV 18 AM 11: 31 SECRETARY OF STATE FALL AHASSEE. FLORIDA  THE DRIVE 33019-1111  Thation and enter correction below.  PEINSTATEMENT 96  4. Date Incorporated or Qualified  The Date Incorporated or Qualified
DOCUMENT # P97000093933  1. Corporation Name  DBSM GROUP, INC.  Principal place of Business  Mailing Address  839 N NORTHLAKE DRIVE HOLLYWOOD FL 33019-1111  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Title(s)  Name of Officers and/or Directors  Applicator of State Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Application of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Application of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Application of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Application of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Application of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	SECRETARY OF STATE FALLAHASSEE, FLORIDA  SECRETARY OF STATE FALLAHASSEE, FLORIDA  SECRETARY OF STATE FALLAHASSEE, FLORIDA  REDRIVE 33019-1111  REINSTATEMENT 9-6  Office Address, if Applicable  4. Date Incorporated or Qualified
DBSM GROUP, INC.  Principal Place of Business  Mailing Address  839 N NORTHLAKE DRIVE HOLLYWOOD FL 33019-1111  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. Date Incorporated or Qualified To Do Business in Florida  10/23/1997  Suite, Apt. #, etc.  5. FEI Number  City & State  Title(s)  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officers and/or Directors  On NOT Use Post Office Box Numbers)  4. Date Incorporated or Qualified To Do Business in Florida  10/23/1997  5. FEI Number  CERTIFICATE OF STATUS DESIRED  88.75 Additional Fee required or Status of Status  City / State / Zip  City / State / Zip	TE DRIVE 33019-1111  REINSTATEMENT 9.6  Office Address, If Applicable  4. Date Incorporated or Qualified
DBSM GROUP, INC.  Principal Place of Business Mailing Address  839 N NORTHLAKE DRIVE HOLLYWOOD FL 33019-1111  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  10/23/1997  Suite, Apt. #, etc.  5. FEI Number  6. City & State  2ip  Country  Country  Zip  Country  Country  Country  Country  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each  Name of Officers and/or Directors  1 Name of Officers and/or Directors  1 Name Principal Place of Business in Florida  10/23/1997  S. FEI Number  6. CERTIFICATE OF STATUS DESIRED  84. Date Incorporated or Qualified To Do Business in Florida  10/23/1997  5. FEI Number  6. CERTIFICATE OF STATUS DESIRED  7. Names and Street Addresses of Each Officer and/or Director  7. Names and Street Addresses of Each Officer and/or Director  94. Date Incorporate or Qualified To Do Business in Florida  10/23/1997  5. FEI Number  6. CERTIFICATE OF STATUS DESIRED  94. Date Incorporate or Qualified To Do Business in Florida  10/23/1997	mation and enter correction below.  PEINSTATEMENT 95  Office Address, If Applicable  4. Date Incorporated or Qualified
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	9. Name and Address of New Registered Agent
Name  CDISWOLD DODEDT C	Name
GRISWOLD, ROBERT C  839 N NORTHLAKE DRIVE  Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #. Etc.
HOLLYWOOD FL 33019-1111 Suite, Apt. #, Etc.	Suite, Apt. #, Etc.
City State Zip Code	
10. I, being appointed the registered agent of the above named composition, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent Pagent REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for information on intangible tax.)	current year (See other side for information on intangible tax.)
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the pason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this corporation is true and provided and the names of individuals listed on the corporation and the names of individua	inated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
on this application is true and accurate, and my signature shall have the same logal effect as if made under oath.	e same iggal effect as il made under gain.
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DIVERS OF DAVIGE PRINTED NAME OF SIGNING OFFICER OR DAVIGE PRINTED NAME O	