

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 AM 11:28

DOCUMENT # **PA7000093933**

1. Corporation Name

DBSM GROUP, INC.

2. Principal Office Address

1550 DIPLOMAT PARKWAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

1550 DIPLOMAT PARKWAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1997

5. FEI Number

65-0790387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. KEVIN CROSS, F.A.

Street Address (P.O. Box Number is Not Acceptable)

801 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/14/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofessional corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	GRISWOLD, ROBERT C	1550 DIPLOMAT PARKWAY	HOLLYWOOD, FL 33021
D.	CAPLE, DANIEL	1550 DIPLOMAT PARKWAY	HOLLYWOOD, FL 33021

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*****\$300.00 ***\$300.00**

Handwritten initials/signature

10. 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 filing this reinstatement application, the reason 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOB GRISWOLD

Date

4/14/01

Daytime Phone #

954-921-4010

CR2E081 (9/00)