PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 10 PM 2: 04

DOCUMENT #
1. Corporation Name   J798677

DMB Group

2. Principal Office Address
8609 Arcola Ave

3. Mailing Office Address
P.O. Box 17297

08-25-05 90012 019 $150.00
REINSTATEMENTS .06

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida   **06-16-1987**

City & State
Hudson

City & State
Clearwater

5. FEI Number
59-2814551

☐ Applied For
☐ Not Applicable

Zip
FL

Country
USA

Zip
FL

Country
USA

6.
CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   **Rollar, George**

Street Address (P.O. Box Number is Not Acceptable)   **100 Park Ave**

3000806432839
10/10/06--01005--019   **75 .00

Suite, Apt. #, Etc.

City   **Clearwater**

State **FL**   Zip Code **33764**

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 _____   Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
PSD	Rollar, George	100 Park Ave	Clearwater, FL 33764

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 form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _George Rollar_   ✓   09-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

FILED OCT 1 0 2006