

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 5:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000008395

Name and Mailing Address

0001237 01 AT 0.292 **AUTO T6 3 0615 32092-274590



DMHB HOLDINGS, LLC
90 CHAMPIONS WAY
ST AUGUSTINE FL 32092-2745

MJM



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/22/2001	
Principal Place of Business 90 CHAMPIONS WAY ST AUGUSTINE FL 32092	3. New Principal Place of Business Address	6. FEI Number 59-3721397	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BAILIS, RONALD S 90 CHAMPIONS WAY ST AUGUSTINE FL 32092		Name	
		Street Address (P.O. Box Number is Not Acceptable) 400024255084	
		10/29/03--01062--008 **155.00	
		City FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Ronald S. Bailis

REGISTERED AGENT REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-27-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BAILIS, RONALD S	90 CHAMPIONS WAY	ST AUGUSTINE FL 32092

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Ronald S. Bailis

Date 10-27-03

Daytime Phone # 904-940-5500

Typed or printed name of signing Managing Member/Manager

RONALD S BAILIS