


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 22 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000077047

1. Corporation Name
DBM OF COLLIER, INC

2. Principal Office Address 260 39TH AVENUE NE		3. Mailing Office Address 260 39TH AVENUE NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES	
Zip 34120	Country 34120	Zip FL	Country 34120

900016667439
04/22/03--01052--019 **300.00

4. Date Incorporated or Qualified To Do Business in Florida **AUG 2, 2001**

5. FEI Number **59-6531228** 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

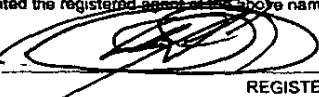
Name **DIAN M EDWARDS**

Street Address (P.O. Box Number is Not Acceptable) **1852 B 40TH TERRACE SW**

Suite, Apt. #, Etc.

City **NAPLES** State **FL** Zip Code **34116**

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 **APRIL 16, 2003**


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
PR	MIGUEL A. ESPARZA	260 39TH AVENUE NE	NAPLES, FL 34120

*02-03 UBR
TS*

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 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 legal effect as if made under oath.

SIGNATURE:  Date **04/16/2003** 239-253-2096

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

CR2E081 (10/02)