


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000078605			
1. Corporation Name DBM&T, INC.			
Principal Place of Business 14906 WINDING CREEK CT STE 101 D TAMPA FL 33613		Mailing Address 14906 WINDING CREEK CT STE 101 D TAMPA FL 33613	
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 Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 08/06/2001	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	LOEFFLER, RAYMOND	14906 WINDING CREEK CT STE 101 D	TAMPA FL 33613
8. Name and Address of Current Registered Agent LABARBERA, MICHAEL D 1907 W KENNEDY TAMPA FL 33606		9. Name and Address of New Registered Agent Name: Raymond Loeffler Street Address (P.O. Box Number is Not Acceptable): 14906 Winding Creek Ct Ste 101 D Suite, Apt. #, Etc.: City: Tampa State: FL Zip Code: 33613	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent: [Signature] Date: 7/11/05 REGISTERED AGENT MUST SIGN			
11. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Raymond Loeffler 7/11/05 Date: 7/11/05 Daytime Phone #:			

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FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA



REINSTATEMENT

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