

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 # P01000086257

1. Corporation Name

DSBB, INC.

Principal Place of Business

1110 VARONA ST
BELLAIRE FL 33756

Mailing Address

1110 VARONA ST
BELLAIRE FL 33756

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

615 Turner St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

615 Turner St.
Suite, Apt. #, etc.

City & State

Clearwater, FL
Zip 33756 Country USA

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Clearwater, FL
Zip 33756 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

59-3743574

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SEUFERT, DENISE SEUFERT, DENISE	1110 VARONA ST 1110 VARONA STREET	CLEARWATER FL 33756 BELLAIRE, FL 33756
S	BRUNVAND, BJORN BRUNVAND, BJORN	615 TURNER ST	CLEARWATER FL 33756

8. Name and Address of Current Registered Agent

BRUNVAND, BJORN

1242 COURT ST, SUITE C1
CLEARWATER FL 33756

615 TURNER STREET

9. Name and Address of New Registered Agent

Name

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

615 Turner Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

727-446-7505

FILED

03 DEC 23 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800023881408
12/23/03--01025--018 **600.00



800023881408
10/17/03--01030--003 **150.00

REINSTATEMENT 03

CR2E040 (7/03)