


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 # P02000129289

1. Corporation Name

DBM GROUP, INC.

Principal Place of Business

PO BOX 1884  
DESTIN FL 32540  
US

Mailing Address

PO BOX 1884  
DESTIN FL 32540  
US

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

FILED  
04 MAY 25 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT



100037289371  
05/25/04--01037--007 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/2002

5. FEI Number

32-0048267

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
PRES.	ERNIE AMMONS	519 KELLY ST.	DESTIN, FL. 32541
TREAS.	MAGDI MALEK	431 SNAPPER DRIVE	DESTIN, FL. 32541
SEC.	TOM MORTON	305 SPRINGLANE	DESTIN, FL. 32541

8. Name and Address of Current Registered Agent

~~LEGALZOOM NEVADA INC~~  
~~411 N.E. FIRST STREET~~  
~~SUITE 901~~  
~~MIAMI FL 33132~~

9. Name and Address of New Registered Agent

Name

ERNEST W. AMMONS JR.

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

519 KELLY ST.

Suite, Apt. #, Etc.

City

DESTIN, FL.

State

FL

Zip Code

32541

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

REGISTERED AGENT MUST SIGN

Date

4/27/04

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: ERNEST W. AMMONS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

850-837-5765

Daytime Phone #

CR20040 (7/03)

PS 292

# DBM Group, Inc.

PO Box 1884  
Desitn, FL 32540

May 20, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam,

We did not receive from our registered agent the prior U.B.R. notice and we request the penalty fee be waived.

Enclosed please find fee to reinstate D.B.M. Group, Inc.

Respectfully,



Ernest W. Ammons Jr.  
850-837-5765