## 2006 FOR PROFIT CORPORATION \* REINSTATEMENT

REINSTATEMENT								
DOCUMENT # P04000081787					The state of the s			
1. Entity Name								
SBM OF DAVIE, INC.				0	06 OCT 10 PM 4: 10			
]			1		21.80¥	OF STATE		
Principal Place of Business Mailing Address				·,	LULETARY OF STATE MEAHASSEE, FLORIDA			
P.O. BOX 29		P.O. BOX 290172	_	•				
DAVIE, FL 3	3329 US	DAVIE, FL 33329 US	j .					
			-4					
2. Principal Place of Business 4030 S. W. 30 <sup>th</sup> Av. PO Box 290172								
Suite, Apt. #, etc Suite, Apt. #, etc				09212006	REIN-P	CR2E098 (11/05)		
City & State				4.55(4)			oplied For	
	wood, Florida Davie, Flor			20-115		<del>   </del>	ot Applicable	
<sup>Zip</sup> ろろい	Country USA	Zip 33329	Country USA	5. Certificate	of Status Desired	\$8.75 Add		
3331	6. Name and Address of Current F		034	7. Name and	Address of New I	Fee Require		
Name								
PARRISH, WALLACE JR P.O. BOX 290172 Street Address (					er is Not Acceptabl			
DAVIE, FL 33329					1:01:1	•		
4601				21 5.W.	5.W. Hand Avenue			
			City (	Jania, =	<b>デ</b> し	<b>FL</b>   353	314	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
and dungations of registrate agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
			~		Ĭ			
1	LE NOW!!!   FEE IS \$150.00 ruary 1, 2007, Fee will be \$300.00	0				with s. 607.193(2)(b), not receive the prior		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	C INI 11	
TITLE	P	Delete		OWNER	C ANGES TO OFF	Change	Addition	
NAME	REID, DELLA NAME			Wallace Parrish Sr.				
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 290172 SIRE DAVIE, FL 33329 CITY			4030 SW 30+4 AV.				
TITLE	DAVIL, I E 33324	Delete	THILE	170 mga	000, 1	<u>こし 333()</u> Chance	Addition	
NAME	HAM							
STREET ADDRESS CITY-ST-ZIP	STREET CITY-S							
TITLE		☐ Delete	TITLE	1 /		Change	Addition	
NAME		C Ocicle	NAME	8/29/66 (	20005			
STREET ADDRESS				0/21/00		001 W	)0,"	
CITY-ST-ZIP		Delete	CITY-ST-ZIP		<del></del>	Change	Addition	
NAME		L Delete	NAME			C Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		Delete	CHY-ST-ZIP TITLE			Change	☐ Addition	
NAME		CT Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filing does not qualify for the and accurate and that my	the exemptions co v signature shall ha	ntained in Chapter 119 we the same legal effe	), Florida Statutes. I ct as if made under	further certify that the in oath; that I am an officer	formation or director	
of the cor changed.	poration or the receiver or trustee empor , or on an attachment with an address, w	welled to execute this report a lith all other like empowered	s required by Chap	oter 607, Florida Statut	es; and that my nam	ne appears in Block 10 o	Block 11 if	
SIGNATURE: Millar Tomusto 9/20/06 944 792 9727								
SIGNAL	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER OF	RDINECTOR		Date	Davime Phone #	<u> </u>	

20/12