

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 10 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09212006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000081787		
1. Entity Name SBM OF DAVIE, INC.		

Principal Place of Business P.O. BOX 290172 DAVIE, FL 33329 US	Mailing Address P.O. BOX 290172 DAVIE, FL 33329 US
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2. Principal Place of Business 4030 S.W. 30th Av.	3. Mailing Address PO Box 290172
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State Hollywood Florida	City & State Davie, Florida
Zip 33312	Zip 33329
Country USA	Country USA

6. Name and Address of Current Registered Agent  PARRISH, WALLACE JR P.O. BOX 290172 DAVIE, FL 33329		7. Name and Address of New Registered Agent Name Wallace Parrish Sr. Street Address (P.O. Box Number is Not Acceptable) 4601 S.W. 42nd Avenue City Dania, FL FL Zip Code 33314	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REID, DELLA P.O. BOX 290172 DAVIE, FL 33329 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner Wallace Parrish Sr. 4030 SW 30th Av. Hollywood, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/29/06 90005 034 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Wallace Parrish Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06 924 752 9727  
Date Daytime Phone #

2010/12