

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P0400088463**

1. Corporation Name **D.B.E. MANAGEMENT, INC.**

FILED
2007 JAN 26 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

531 MARTHAS WAY

Suite, Apt. #, etc.

3. Mailing Office Address

531 MARTHAS WAY

Suite, Apt. #, etc.

City & State -

LANTANA, FL

City & State -

LANTANA, FL

Zip

33462

Country

Zip

33462

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/7/2004

5. FEI Number

20-1331070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DUSTIN ERTLE

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

531 MARTHAS WAY

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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02/02/07--01009--030 **458.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date **1/23/07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DUSTIN B. ERTLE	531 MARTHAS WAY	LANTANA, FL. 33462

REINSTATEMENT 05-07

10. 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 contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

561-644-2182

Daytime Phone #

Replied

JAN. 16, 2007

DBE. MANAGEMENT, INC.

DOCUMENT # P04000088463

531 MARTHAS WAY

LANTANA, FL. 33462

TO WHOM IT MAY CONCERN,

ON BEHAVE OF DBE, MANAGEMENT, INC. I WOULD LIKE TO RENEW THIS CORPORATION. DUE TO AN ADDRESS CHANGE ON MAY 5, 2005 FROM 911 WEST BROWARD ST TO 531 MARTHAS WAY I NEVER RECEIVED THE RENEWAL NOTICES.

ENCLOSED IS A CHECK FOR THE PAST TWO YEARS PAYMENTS. I SPOKE WITH A WOMEN IN THIS OFFICE AND SHE ADVISED ME TO SEND \$300.00. IF ~~RECORDED~~ THERE IS ANYTHING ELSE I NEED TO DO PLEASE CALL ME.

CELL - 561-644-2182

SINCERELY
JUSTIN ERTLE, P.

NEW MAILING ADDRESS:

531 MARTHAS WAY
LANTANA, FL. 33462

[Signature]
1/23/07