



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000094639</b> 1. Entity Name <b>D.B.B. ENTERPRISES, INC.</b>						<b>FILED</b> <b>05 OCT 14 PM 4: 01</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>2471 NW 81 TERR</b> <b>MIAMI, FL 33147</b>				Mailing Address <b>2471 NW 81 TERR</b> <b>MIAMI, FL 33147</b>				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip		Country						
4. FEI Number 10072005 REIN-P CR2E098 (6/04)				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>MILLER, OLA M</b> <b>2471 NW 81 TERR</b> <b>MIAMI, FL 33131</b>				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MILLER, OLA MAE 2471 NW 81 TERR MIAMI, FL 33147			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Miller 2471 NW 81 Terr Miami, FL 33147 Director / President Ola Mae Miller 2471 NW 81 Terr, Miami, FL 33147 Secretary / Treasurer		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MILLER, DAVID 2471 NW 81 TERR MIAMI, FL 33147			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700060626197 10/14/05--01053--004 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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 exemption stated in Section 119.07(3)(i), 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.								
<b>SIGNATURE:</b> <i>David Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-7-05		205 790-3162		
<small>Date</small>				<small>Daytime Phone #</small>				