

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY -6 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000114793

1. Corporation Name

DB PROFESSIONALS INC

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

DINESH BHOMI

3. Mailing Office Address

DINESH BHOMI

Suite, Apt. #, etc.

2918 NORTHFIELD DR

Suite, Apt. #, etc.

2918 NORTHFIELD DR

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34688

Country

U.S.A

Zip

34688

Country

U.S.A

600128567656
05/06/08--01009--009 **458.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2004

5. FEI Number

651231112

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

DINESH BHOMI

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

2918 NORTHFIELD DR

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34688

☒ 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.

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

Dinesh Bhomi

REGISTERED AGENT MUST SIGN

Date 05/01/2008

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
President	DINESH BHOMI	2918 NORTHFIELD DR	TARPON SPRINGS, FL, 34688

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:

Dinesh Bhomi

DINESH BHOMI

05/01/08

727-642-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAY 6 2008