

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000000669

1. Corporation Name

DBH, INC.

Principal Place of Business

Mailing Address

19501 BISCAYNE BLVD., ATTN: LEGAL DEPT.  
SUITE 400  
AVENTURA FL 3318019501 BISCAYNE BLVD., ATTN: LEGAL DEPT.  
SUITE 400  
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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DIVISION OF CORPORATIONS

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REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/1997

5. FEI Number

65-0716032

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SOFFER, DONALD M	19501 BISCAYNE BLVD., SUITE 400	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, KENNETH R ESQ  
19501 BISCAYNE BLVD.  
SUITE 400  
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

CRIMINAL RECORDS REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 937-6200

Daytime Phone #

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Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 922-4004

From:

Account Name : TURNBERRY ASSOCIATES  
Account Number : I19990000201  
Phone : (305) 933-5505  
Fax Number : (305) 933-5535

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**CORPORATION REINSTATEMENT**

**DBH, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75