

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 19 JUN 18 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # P97000000669

1. Corporation Name
DBH, INC.

2. Principal Office Address - No. P.O. Box # 19501 Biscayne Boulevard Suite, Apt. #, etc. Suite 400 City & State Aventura, Florida Zip 33180		Country USA		3. Mailing Office Address 19501 Biscayne Boulevard Suite, Apt. #, etc. Suite 400 City & State Aventura, Florida Zip 33180		Country USA	
---	--	----------------	--	--	--	----------------	--

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 YES NO
 \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name
Mario A. Romine

Street Address (P.O. Box Number is Not Acceptable)
19501 Biscayne Boulevard

Suite, Apt. #, etc.
Suite 400

City State Zip Code
Aventura FL 33180

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:  Date: 06/11/2019

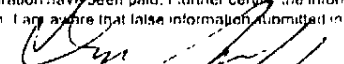
REGISTERED AGENT MUST SIGN

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	Donald M. Soffer	19501 Biscayne Boulevard, Suite 400	Aventura, Florida 33180

10. E-mail Address: corporaterecords@tumberry.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:  DONALD M. SOFFER Date: 6/11/19 Daytime Phone: 786-659-5634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR