PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 NOV -7 PM 3:14

800397286478

CR2E081 (11/10)

DOCUMENT # P97000000669

1 Corporation Name

DBH, INC

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

4 Date Incorporated or Qualified To Do Business in Florida: 1/3/1997

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 Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P O Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt #, Etc:

City: Plantation State: FL Zip Code: 33324

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: James Martin — James Martin - Assistant Secretary — Date: 11/3/2022

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, FL 33180

REINSTATEMENT
2020 - 2022
11/8/2022

10 E-mail Address: jleff@turnberry.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 in 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 — 305 933 5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/07/2022

Acc#I20160000072

Name:	DBH, Inc.
Document #:	
Order #:	14619719

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑
Plain: ☐
COGS: ☐

Availability _____
Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $??.??

RECEIVED
2022 NOV -7 PM 12:30
ALLAHASSEE, FLORIDA

Thank you!