

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 12: 29

DOCUMENT # P98000099275

1. Corporation Name

DBM OF SUNRISE, INC.

Principal Place of Business

2037 N. UNIVERSITY DR.
SUNRISE FL 33322

Mailing Address

2037 N. UNIVERSITY DR.
SUNRISE FL 33322

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0893032

11/23/1998

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	DIXON, DIANE	1203 NW 127TH DR.	SUNRISE FL 33323 800003052238--9 -11723/99--01004--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

HOWARD, WILLIAM M
2 S. UNIVERSITY DR., STE. 280
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

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

DIANE DIXON

Date

10/12/99

Daytime Phone #

(954) 747-AD
6344
(954) 205-126
CELL 205-126

To Whom It May Concern, 10/12/99

I am writing this letter
on Behalf of (DBM of Sunrise, INC)
P98000099275

Please note, that I have
not received any of the (2) forms
in the mail. I'm not sure why. But
this is the only form that I
did receive on 10/12/99.

Please Reinstate my
Application with my check for 150.^{\$}

Any question
Please call
(954) 747-6344 (ext) 846 0824
Shankle
Diane Dixon