

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000030916

Entity Name: DME COLLECTIVE, INC.

FILED  
Nov 30, 2007  
Secretary of State

**Current Principal Place of Business:**

20335 NE 12 AVE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

20335 NE 12 AVE  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRT ROAD  
QUINCY, FL 32351    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL SMITH, VP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      MCDERMONTT, SAMUEL T III  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

Title:                      V                      ( ) Delete  
Name:                      GREEN, BRIAN  
Address:                      11607 NW 29 ST  
City-St-Zip:                      CORAL SPRINGS, FL 33065

Title:                      S                      ( ) Delete  
Name:                      MCDERMONT, SHARON S  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

Title:                      V                      ( ) Delete  
Name:                      MCDERMONT, SAMUEL T JR  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      P                      (X) Change ( ) Addition  
Name:                      MCDERMOTT, SAMUEL T III  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      S                      (X) Change ( ) Addition  
Name:                      MCDERMOTT, SHARON S  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

Title:                      V                      (X) Change ( ) Addition  
Name:                      MCDERMOTT, SAMUEL T JR  
Address:                      20335 NE 12 AVE  
City-St-Zip:                      MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL T MCDERMOTT III

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

11/30/2007

\_\_\_\_\_  
Date