

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000101141

1. Entity Name
DMI INVESTMENTS, INC.



FILED
07 JAN 26 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business - No P.O. Box #
12456 Equine Lane

3. Mailing Address
12456 Equine Lane

Suite, Apt. #, etc. Suite, Apt. #, etc.



01/23/2007 REINSTATEMENT 01/23/2007 (1/23/07)

City & State
Wellington, FL

City & State
Wellington, FL

Zip
33414

Country
U.S.

Zip
33414

Country
U.S.

4. FEI Number
37-1453780

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DE LAURENTIIS, MICHELE
1466 MEADOWS BLVD
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name
Michele De Laurentiis

Street Address (P.O. Box Number is Not Acceptable)
12456 Equine Lane

City
Wellington

FL

Zip Code
33414

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michele De Laurentiis* **1/23/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAURENTIIS, MICHELE 1466 MEADOWS BLVD WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michele De Laurentiis 12456 Equine Lane Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele De Laurentiis* **1/23/07** **(954) 325-6431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #