## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000101</b>	141		r ILED
1. Entity Name DMI INVESTMENTS, INC.			07 JAN 26 PH 3: 54
Data in al Plana of Divisions	Mailing Address		SECNETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address		TANK SSEE. FLORIDA
10000			-
2. Principal Place of Business - No P.O. Box # 1245G Equipe Lane	3. Mailing Address 12456 Equil	ne Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DESCRIPTION OF THE PROPERTY OF
City & State	City & State	-,	4. FEI Number Applied For
Wellington, FZ Zip Country	Wellington, F	Country	37-1453780   Not Applicable
33414 U.S.	33414	u.s.	5. Certificate of Status Desired Fee Required
6. Name and Address of Current R	legistered Agent	Name Mi	7. Name and Address of New Registered Agent  Chele De Laurentiis
			chele De Caurcrifi S (P.O. Box Number is Not Acceptable)
WESTON, FL 33327			50 6 1 10 1
		1245	
8. The shove named entity submits this statement for	the ourness of changing its rec	_   Wei	ling for FL 352/14  lered attent, or both, in the State of Florida. I am familiar with, and accept
the obligation of registered agent.	) Control of the state of the s	gistered emoc or regist	
SIGNATURE Signature, typed or printed name of registered agent a	auton Morre	per erutengia tnegA beratatge	1/23/07
оченьшия, турко от развот полно от теупациям одник а	D the imprecate. (NOTE: N	Sinting what solutions lad	Britan autor (asterdraft)
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 D	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Sident
NAME DELAURENTILS, MICHELE	Delete	NAME Mi	chele De Laurentiis
STREET ADDRESS 1466 MEADOWS BLVD CITY-ST-ZP WESTON, FL 33327		STREET ADDRESS 12 L	15G Equine Lane cllington, FL 33414
TITLE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADORESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Additio
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	Channe Cl Addition
TITLE NAME	☐ Delete	TITLE NAME	Change
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700086811927 01/31/0701037005 **300.00
TITLE	Delete	TITLE	Change Additio
NAME Street address		NAME Street address	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Additio
NAME Street address		STREET ADDRESS	
CITY-ST-ZIP	Abin Diag days ==4 ===06.1 o	CITY-ST-ZIP	on to Chapter 140. Florida Chapter 1 to the condition to the condition to
<ul> <li>T.E. I nerecy ceruly that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee embo</li> </ul>	tries ming does not quality for the true and accurate and that my wered to execute this report as	ne exemptions contain signature shall have th xeguired by Chapter 6	ed in Chapter 119. Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 i
changed, or on an attachment with an address, v	vith all other like empowered.	<del>}</del> ,	
SIGNATURE: Michila	orkan	Miche	le De Camatiis 1/23/07 (954) 325-643
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date" Daytime Phone #