2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 12, 2008
Secretary of State

DOCUMENT# P02000125656

Entity Name: DMHC CORPORATION

Current Principal Place of Business:

3336 BEAZER DR
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

3336 BEAZER DR
OCOEE, FL 34761

New Mailing Address:

FEI Number: 57-1157838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVEIRA, CLOTILDE C
3336 BEAZER DR
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

BARREIROS, CLOTILDE C
3336 BEAZER DR
OCOEE, FL 34761 US

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: CLOTILDE OLIVEIRA 12/12/2008
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: DIR ( ) Delete
Name: OLIVEIRA, CLOTILDE
Address: 3336 BEAZER DR
City-St-Zip: OCOEE, FL 34761 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: BARREIROS, CLOTILDE
Address: 3336 BEAZER DR
City-St-Zip: OCOEE, FL 34761 US

Title: DIR ( ) Change (X) Addition
Name: OLIVEIRA, CELSO
Address: 3336 BEAZER DR
City-St-Zip: OCOEE, FL 34761

Title: DIR ( ) Change (X) Addition
Name: BARREIROS, HAMILTON
Address: 3336 BEAZER DR
City-St-Zip: OCOEE, FL 34761

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: CLOTILDE OLIVEIRA DIR 12/12/2008
Electronic Signature of Signing Officer or Director Date