

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000131351

1. Entity Name  
DML MARKETING CORP.



FILED

07 MAY 23 PM 1:01

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2455 EAST SUNRISE BLVD. SUITE 500  
FORT LAUDERDALE, FL 33304

Mailing Address  
2455 EAST SUNRISE BLVD. SUITE 500  
FORT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #  
3100 N 29 COURT  
Suite, Apt. #, etc.  
2<sup>nd</sup> FLOOR  
City & State  
Hollywood FL  
Zip  
33020 Country  
USA

3. Mailing Address  
3100 N 29 COURT  
Suite, Apt. #, etc.  
2<sup>nd</sup> FLOOR  
City & State  
Hollywood FL  
Zip  
33020 Country  
USA



REINSTATEMENT 06-07

4. FEI Number  
42-1565008

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SCHNITZER, GERA:D S  
2455 EAST SUNRISE BLVD. SUITE 500  
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3100 N 29 COURT  
2<sup>nd</sup> FLOOR  
City  
Hollywood FL Zip Code  
33020

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, the registered agent.

SIGNATURE Bernard Schmitz (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	PD LEVY, D M 2455 EAST SUNRISE BLVD, STE 500 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 N 29 COURT # 200 Hollywood FL 33020
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 600103905776 06/05/07--01028--011 **300.00
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
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
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
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

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 Tom. Lawrence SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/07 Daytime Phone #