

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000107392

1. Entity Name  
DMI PARTNERS INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 AM 11:00

Principal Place of Business  
10839 AVENDIA SANTA ANA  
BOCA RATON, FL 33498

Mailing Address  
10839 AVENDIA SANTA ANA  
BOCA RATON, FL 33498

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number  
56-2399068

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, ADAM  
10839 AVENDIA SANTA ANA  
BOCA RATON, FL 33498

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$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  
CEO  
MCKENNA, PATRICK  
738 PINE ST., UNIT C  
PHILADELPHIA, PA 19106 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
COO  
DELANEY, JAMES  
918 SPRUCE ST UNIT 1  
PHILADELPHIA, PA 19107 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
200136780552  
10/09/08--01041--004 \*PH Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CMO  
WEIL, ADAM  
10839 AVENDIA SANTA ANA  
BOCA RATON, FL 33498 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Delete

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
B 10/13/08 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/08

Date

215 279 9806

Daytime Phone #