2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCÜMENT # P03000131556 1. Entity Name						330		FILED			
DM ORNAMENTS, INC.								05 NOV -7 PM 5: 43			
Principal Place of Business 3000 N UNIVERSITY DR STE E CORAL SPRINGS, FL 33065			3 \$	Mailing Address 3000 N UNIVERSITY DR STE E CORAL SPRINGS, FL 33065			Ţ,	ECRETARY UF S LLANASSEE, FL	TATE ORIDA		
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			REMS	TATEMEN	8E 0 98 (6/04)	-65	
City & State			'	City & State			4. FEI Numbe 68-057		→	oplied For ot Applicable	
Zip		Country		Zip	Coun	itry		of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent						Name	7. Name and	Address of New Register	ed Agent		
GOLDBERG, MARLENE 3000 N UNIVERSITY DR STE E						Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS, FL 33065								· · · · · · · · · · · · · · · · · · ·	7: 0:1		
						City	vistored speet, or be		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 tide if applicable. (NOTE/Registered Agent algorithms required when reinstating)											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								In accordance with s. 6 corporation did not rec			
10.	БОТВ	OFFICERS A	ND DIREC		11.	_	ADDITIONS/	CHANGES TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	GOLDBERG, MARLENE 3000 N UNIVERSITY DR STE E					E IE EET AODRESS '-ST-ZIP	90 11/07.)0061184 /0501010017	1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Addition 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete					☐ Change	Addition .	
NAMESTREET ADDRESS CITY-ST-ZIP	,			☐ Delete					☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysime Phone #											

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M A S PO BOX 771210 Coral Springs, Fl. 33077-1210 954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

11/01/05

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re: DM Ornaments, Inc. Doc # P03000131556

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, DM Ornaments, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal.

While in our office, we checked the status of the corporation and determined they had not filed. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of DM Ornaments, Inc. based on not having received his 2005 Uniform business report due to the failure to receive the reinstatement notification and under s. 607.193(2)(b), F.S.

The client is aware of the filing deadline for future years. Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez