

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003247

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: CMLDIRECT INC.

**Current Principal Place of Business:**

106 S. WASHINGTON  
OXFORD, MI 48371

**New Principal Place of Business:**

26555 EVERGREEN RD.  
SUITE 810  
SOUTHFIELD, MI 48076

**Current Mailing Address:**

106 S. WASHINGTON  
OXFORD, MI 48371

**New Mailing Address:**

26555 EVERGREEN RD.  
SUITE 810  
SOUTHFIELD, MI 48076

FEI Number: 38-3515541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANGER, MAUREEN  
1065 RED MAPLE WAY  
NEW SMYRNA BEACH, FL 32146 US

**Name and Address of New Registered Agent:**

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: MAUREEN SANGER

\_\_\_\_\_  
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: CP ( ) Delete  
Name: SANGER, JOHN  
Address: 1010 PURITAN  
City-St-Zip: BIRMINGHAM, MI 48009

Title: VC ( ) Delete  
Name: SANGER, MAUREEN  
Address: 1065 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32146

Title: D ( ) Delete  
Name: LADD, LORI ANN  
Address: 3486 W. SUTTON  
City-St-Zip: LAPEER, MI 48446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI ANN LADD

D

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date