

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **633876**

1. Corporation Name

DAMAR CORPORATION

Principal Place of Business

Mailing Address

~~11533-86 AVENUE N.~~
~~SEMINOLE FL 33772~~
 US

P.O. BOX 3717 P.O. Box 1392
~~SEMINOLE FL 33775~~ LARGO, FL
 US 33779-1392



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

~~225 Country Club Dr.~~
 Suite, Apt. #, etc.

~~P.O. Box 1392~~
 Suite, Apt. #, etc.

08/27/1979

D-238

City & State
 LARGO, FL

City & State
 LARGO, FLORIDA

5. FEI Number

59-3289838

Applied For

Not Applicable

Zip Country
 33771 USA

Zip Country
 33779-1392 USA

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PALMER, RONALD G	11533-86 AVENUE N. 225 Country Club Dr. #D-238	SEMINOLE FL 33772 LARGO, FL 33771
			700023963917 10/21/03--01037--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALMER, RONALD G

~~11533-86 AVENUE N.~~
~~SEMINOLE FL 33772~~

Name

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

~~225 Country Club Dr.~~
 Suite, Apt. #, Etc. D-238

City

LARGO

State

FL

Zip Code

33771

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Ronald G Palmer
 REGISTERED AGENT MUST SIGN

Date

10/15/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ronald G Palmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

727-488-8105

Daytime Phone #

CR2E040 (7/03)

Damar Corporation

PO Box 1392
Largo, Florida 33779-1392

727-585-7903
Fax: 202-318-7648

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

I am requesting that the Reinstatement Fee be waived as I have moved and did not receive the Filing Notices.

Thank You,



Ronald G. Palmer, President