PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS
00 NOV 14 PM 1:24

DOCUMENT # 757418

1. Corporation Name
DAMON BENEVOLENT ASSOCIATION, INC.

W-26479

REINSTATEMENT 96-00

2. Principal Office Address		**3.** Mailing Office Address	
2110 Chagall circle		2110 Chagall circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: West Palm Beach, Fl.		City & State: West Palm Beach, FL	
Zip: 33409	Country: Palm Beach	Zip: 33409	Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 1981

5. FEI Number: 59-2328233 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. *Name and Address of Current Registered Agent*

Name: MICHAEL I. JACOBSON

400003498964--8
-12/12/00--01046--016
****490.00--****490.00

Street Address (P.O. Box Number is Not Acceptable): 2110 Chagall circle

Suite, Apt. #, Etc.:

City: WEST PALM BEACH | State: FL | Zip Code: 33409

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10/20/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sheldon Thaler D	3661 Via Poinciana	Lake Worth, FL 33467
VP	Sid Feinstein D	14689 Canal View Dr.	Delray Beach, Fl. 33484
Sec/Treas	Michael I. Jacobson D	2110 Chagall circle	West Palm Beach, FL 33409
			AD

10. 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: _____ Michael I. Jacobson, 10/20/2000 — 10/20/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #