

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000026414**

1. Corporation Name

DAMON Autosport INC

2. Principal Office Address - No P.O. Box #

9455 Collins Ave

3. Mailing Office Address

9455 Collins Ave

Suite, Apt. #, etc.

901

Suite, Apt. #, etc.

901

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

REINSTATEMENT *04-07*
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

76-0731177

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

Gloria Franco

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

11549 NW 62 Terrace

Suite, Apt. #, Etc.

NE 437

City

Deerfield

State

FL

Zip Code

33178

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Gloria Franco

REGISTERED AGENT MUST SIGN

Date

2/27/07

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
<i>D</i>	<i>JANNY MONTICELLI</i>	<i>9455 Collins Ave Ste. 901 Sunrise, FL 33154</i>	<i>Sunrise, FL 33154</i>
	<i>3/20</i>		

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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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/2007

Daytime Phone #