PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

497480

1. Corporation Name

DAMALOS & SONS, INC.

Principal Place of Business

Mailing Address

204 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS FL 34689

204 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS FL 34689

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above ac	ddresses are incorrect in any way, lii	ne through incorrect in	nformation and enter co	rrection below.				
			lew Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/25/1976			
Suite, Apt.	t, etc.	Suite, Apt. #	Suite, Apt. #, etc.			-5FEI Number == Applied For		
City & State)	City & State	City & State		59-1660700		Not Applicable	
Zip	Country	Zip	Country		6. CERTIFICAT		75 Additional Fee required or a Certificate of Status	
7. Names a	and Street Addresses of Each Office	r and/or Director (Flo	orida nonprofit corporation	ons must list at l	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PSTD	PSTD DAMALOS, TONY		204 TARPON INDUSTRIAL CI			TARPON SPRINGS FL		
								
	/		'n		E_a	0000353 -01/11/01- ****750.00	3 7 5 5 4 -01105 020) *****750.00	
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						0	8	
							material (**)	
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
DAMALOS, TONY Street A					ddroes (P.O. Boy Number is Not Assentable)			
204 TARPON INDUSTRIAL CIR				Street Address (P.O. Box Number is Not Acceptable)				
	ON SPRINGS FL 34689		Suite, Apt. #, Etc.					
			-	City		State FL		
10. I, being	appointed the registered agent of the	he above named corp	poration, am familiar with	and accept the	obligations of Sect	ion 607.0505, F.S.		
Signature o Registered	Agent X 75000	REGISTERED AC	GENT MUST SIGN	1, 1	· · · · · · · · · · · · · · · · · · ·	Date <u> 2 36 </u>	00	
		TEOIOTERED A			-			
this rein	that I am an officer or director or the estatement application, the reason fo y the corporation have been paid an	r dissolution has beer	n eliminated, the corpora	ate name satisfi	es the requirements	s of section 607.0401 or 617.0	401, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #