

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005092

2001-2003
113R

1. Corporation Name
D'Amico & Sons, Inc.

100018312611
05/06/03--01124--009 **450.00

01-03

2. Principal Office Address
211 North First Street

3. Mailing Office Address
211 North First Street

Suite, Apt. #, etc.
175

Suite, Apt. #, etc.
175

City & State
Minneapolis, MN

City & State
Minneapolis, MN

Zip Country
55401 USA

Zip Country
55401 USA

4. Date Incorporated or Qualified To Do Business in Florida 09/10/1998

5. FEI Number 41-1718266

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
Richard Cacciagrani


Street Address (P.O. Box Number is Not Acceptable)
571 97th Avenue North

Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34108

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 
REGISTERED AGENT MUST SIGN

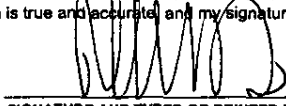
Date 4-29-03

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
CEO	Richard D'Amico	2035 Kenwood Parkway	Minneapolis, MN 55405
P	Larry D'Amico	6484 Westchester Circle	Golden Valley, MN 55427
CFO/S	Paul Smith	1921 Drew Avenue South	Minneapolis, MN 55416

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:



Paul Smith CFO

4-29-03

612-374-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

BB