

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J96900

1. Entity Name
DAMONS CONSULTING COMPANY, INC.



FILED

06 OCT 17 PM 2:51

Principal Place of Business
1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487 US

Mailing Address
1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487 US

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132006 REIN-P CR2E098 (11/05) 06

City & State

City & State

4. FEI Number
59-2842358

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRISSON, DALE
1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dale Brisson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BRISSON, DALE J.
STREET ADDRESS 1115 HIGHLAND BEACH DRIVE
CITY-ST-ZIP HIGHLAND BEACH, FL 33487 ☐ Delete

TITLE
NAME Dale Brisson ☒ Change ☐ Addition
STREET ADDRESS 1115 N Flagler Dr #712
CITY-ST-ZIP W.P.B., FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis A. Br...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-06

Date

561 317 8645

Daytime Phone #