PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 31 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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-08/08/02--01056--017
****908.75 ****908.75

REINSTATEMENT 01-02

DOCUMENT # L-41190

1. Corporation Name
DAMON INDUSTRIES - INC

2. Principal Office Address	**3.** Mailing Office Address
1452 SW 25 WAY	1452 SW 25 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeerField Beach FL.	City & State: DeerfieldBeach FLA
Zip: 33442 Country: BROWARD	Zip: 33442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-9-90

5. FEI Number: 65-0171557 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Nestor Daniel Lopez
Street Address (P.O. Box Number is Not Acceptable): 1452 SW 25 WAY
Suite, Apt. #, Etc.:
City: DeerField Beach — State: FL — Zip Code: 33442

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: X _____ Date: 7/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
President	Monica Lopez	1452 SW 25 WAY	DeerField Beach
Vice-President	Nestor D Lopez	1452 SW 25 WAY	FLA - 33442
Sec.	Nestor D Lopez	1452 SW 25 WAY	DeerField Bch. FL 33442
Treasurer	Ruven Lopez	1280 NW 48th St	Pompano Bch FL. 33064

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: X _____ 7/10/02 954-426434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/1/02

Send Certificate of States

to: Nelton D Lopez

1452 SW 25 WAY

Deerfield Beach

FL. 33442.