

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000027307

1. Entity Name
DAMAMI INTERNATIONAL, IN.C



Principal Place of Business
100 W CYPRESS CREEK ROAD STE 700
FT LAUDERDALE, FL 33309

Mailing Address
100 W CYPRESS CREEK ROAD STE 700
FT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O.

517 E. Atlantic Ave

3. Mailing Address

517 E. Atlantic Ave

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip
33483

Country
USA

Zip
33483

Country
USA

02112007

REIN-P

CR2E098 (1/07)

4. FEI Number

98-0403698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 W CPRESSS CK ROAD STE 700
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name David Rosenbom

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

517 E. Atlantic Avenue

City Delray Beach

FL

Zip Code 33483

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/07

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROSENBOM, DAVID
STREET ADDRESS 100 W CYPRESS CREEK ROAD STE 700
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Rosenbom, David
STREET ADDRESS 7808 Travelers Tree Drive
CITY-ST-ZIP Boca Raton, FL 33433

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100093250681
CITY-ST-ZIP 03/16/07--01011--014 **300.00

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

561-706-3975

Daytime Phone #

FILED

2007 MAR 12 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/12 ew