

CAPITAL CONNECTION

850 222 1222

08/17 '99 08:24 NO.823 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002971501--7
-08/26/99--01085--012
***900.00 ***900.00

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PA0000012894

1. Corporation Name
DAMALOS, INC.

Principal Place of Business 206 Tarpon Industrial Drive Tarpon Springs, FL 34689	Mailing Address 206 Tarpon Industrial Drive Tarpon Springs, FL 34689
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/07/1996	
5. FEI Number 59-3364067	Applied For <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	TONY DAMALOS	206 Tarpon Industrial Drive	Tarpon Springs, FL 34689

8. Name and Address of Current Registered Agent TONY DAMALOS 206 Tarpon Industrial Drive Tarpon Springs, FL 34689	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0606, F.S.

Signature of Registered Agent Tony Damalos Date **08-16-99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: Tony Damalos TONY DAMALOS, PRESIDENT 8-16-99 (727) 942-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 08-99 ITS

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