_	A N			
DOCUMENT # P\$7000049456 1. Entity Name				
DAMAPANDY, INC. *				FILED
Principal Place of Business 72 CARUSLE DRIVE #IAMI SPRING FL 33166-3050		Mailing Address 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050		04 JUL 12 AM 10: 11 SECRETARY OF STATE
				TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		O3 Quiton Olor Brock B (50, U)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WANTE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0759724 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 ALMAGUER, MARLENIS 172 CARLISLE DRIVE			Name	7. Name and Address of New Registered Agent
			Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI SPRING FL 33166-3050		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.				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	quired when renstating) DATE
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)		!! FEE IS \$150.00 04 Fee will be \$550 le to Department of	
11.	OFFICERS AND	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ALMAGUER, MARLENIS 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050	_ 0.2	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALMAGUER, DAMARIS 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050	Delete		☐ Change ☐ Addition Almaguer Damaris was removed as of March 2003.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALMAGUER, RAMON 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	☐ Delete	NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
J OF THE CO	xporation or the receiver or trustee end, or on an attachment with an addres	NOW HIED IN EXECUTE BITS LEDO!	d.	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information re the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CERTIFIED MAIL/ RETURN RECEIPT REQUESTED ARTICLE NO. 7001 2510 0002 8647 3806

Division of Corporations Reinstatements 409 East Gaines Street Tallahassee, Florida 32399

Re:

Reinstatement of: Damarandy, Inc.

FEI # 650759724

Document # P97000049456

To Whom It May Concern:

We received a "Notice of Intent to Dissolve" the above-referenced corporation. I called your office and spoke to Marguitta Williams, and explained that we had sent the payment along with the renewal form and that we had a copy of the canceled check showing that it was deposited on March 24, 2004. She explained that the renewal form lacked an original signature and suggested that we re-submit a signed report together with proof of payment and a request not to dissolve the corporation and to waive any late fees. Therefore, I am enclosing for you the following:

- 1. Renewal form with original signature.
- 2. Copy of canceled check.

Please waive any late charges, as the check was timely submitted and cashed.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Marlenis Almaguer,

President