

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 28 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052193**

1. Corporation Name

DAMAS CONSTRUCTION COMPANY, INC

2. Principal Office Address

473 CITRUS LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

Zip

Country

32751

USA

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

JUN 12, 1997

5. FEI Number

59-3453188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAFAEL DAMAS

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

473 CITRUS LN

Suite, Apt. #, Etc.

City

MAITLAND

State
FL

Zip Code

32751

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

REGISTERED AGENT MUST SIGN

Date **FEB. 23, 2005**

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
PRES.	RAFAEL DAMAS	473 CITRUS LN, MAITLAND	MAITLAND, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL DAMAS

Date

02/23/05

Daytime Phone # **OFFIC**

CR2E081 (01/05)



DAMAS CONSTRUCTION COMPANY, INC.

General Contractors Lic. # 058911

Maitland, Feb. 23, 2005

To : Department of State
Division of Corporations

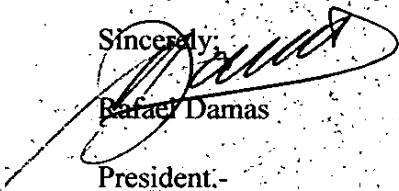
Dear Sirs:

Since 2000, I have not received any report form to pay for my company. I
am sending this letter and the reinstatement for my corporation to be active.

All the information is in the annex document.

Thank you for your help.

Sincerely,


Rafael Damas

President.-