PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 25 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106189

1. Corporation Name
DAMW Corporation

1130-B E. Hallandale Blvd.
Same

REINSTATEMENT 01-04 MRB

2. Principal Office Address	3. Mailing Office Address
1130-B E. Hallandale Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale Beach, Florida	City & State: Same
Zip: 33009 Country: Broward	Zip: 33009 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida 12/18/1997

5. FEI Number 650800655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Norman T. Roberts, Esquire

Street Address (P.O. Box Number is Not Acceptable): 50 West Mashta Drive

Suite, Apt. #, Etc.: #4

City: Key Biscayne State: FL Zip Code: 33149

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: _____ Date: 5/21/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michael Weiss	40 Gilbert Lane	Plainview, NY 11803
D	David Abadi	2456 Ocean Parkway	Brooklyn, NY 11235

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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: _____ 5/21/04 (305) 361-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #