

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003228**

1. Corporation Name
DAMON'S MANAGEMENT, INC.

FILED
97 DEC -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**4645 EXECUTIVE DR.
COLUMBUS OH 43220-3601**

Mailing Address
**4645 EXECUTIVE DR.
COLUMBUS OH 43220-3601**



REINSTATEMENT

Nov

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/20/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		31-1184796	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
PD	COLE, KENNETH H	4645 EXECUTIVE DR.	COLUMBUS OH 43220
STD	FOUST, SHANNON R	4645 EXECUTIVE DR.	COLUMBUS OH 43220
D	MINTZER, JAMES B	4645 EXECUTIVE DR.	COLUMBUS OH 43220
D	MORTON, JOHN D	4645 EXECUTIVE DR.	COLUMBUS OH 43220
D	SIMONETTI, GENE V	4645 EXECUTIVE DR.	COLUMBUS OH 43220
D	FREEDMAN, HOWARD	4645 EXECUTIVE DR.	COLUMBUS OH 43220

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		E:000002366216--0	
		Suite, Apt. #, Etc.	
		-12/08/97--01141--007	
		1500.00 *750.00	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Vicky Goldstein*
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
 RE REGISTERED AGENT MUST SIGN

Date: *12/1/97*

11. This corporation owes or has paid 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 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: *Sandra B. Mortham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

092E040 (8/97)