PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K45007

1. Corporation Name

DRAGONPOINT, INC.

Principal Place of Business Mailing Address

571 HAVERTY CT

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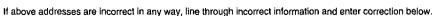
ROCKLEDGE FL 32955

US

571 HAVERTY CT STE P

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

ROCKLEDGE FL 32955



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



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SECRETARY OF STATE FALLAHASSEE. FLORIDA



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		_/()	
	Date Incorporated or Qualified To Do Business in Florida 11/09/	11/09/1988	
	5. FEI Number	Applied For	
	59-2930262	Not Applicable.	
1		ditional Fee require	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DEBUSK, SUZANNE B.	3208 WESTCHESTER DR.	COCOA FL
D	DEBUSK, THOMAS A.	3208 WESTCHESTER DR.	COCOA FL
·			
		1	900023770769 0/14/0301010028 ***750.00
ı			200
	8 Name and Address of Current Regist	ered Agent 9 Na	me and Address of New Registered Agent

DEBUSK, SUZANNE B. 3208 WESTCHESTER DRIVE

COCOA FL 32922

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

Suite, Apt. #, Etc.

State

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. or 617,0505, F.S.

Signature of Registered Agent

11. 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 filling 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.

Daytime Phone #