

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K45007**

1. Corporation Name

**DRAGONPOINT, INC.**

Principal Place of Business

Mailing Address

571 HAVERTY CT  
STE D  
ROCKLEDGE FL 32955  
US

571 HAVERTY CT  
STE P  
ROCKLEDGE FL 32955  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1988

5. FEI Number

59-2930262

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D             | DEBUSK, SUZANNE B.                        | 3208 WESTCHESTER DR.                                   | COCOA FL                |
| D             | DEBUSK, THOMAS A.                         | 3208 WESTCHESTER DR.                                   | COCOA FL                |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

900023770769  
10/14/03--01010--028 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBUSK, SUZANNE B.  
3208 WESTCHESTER DRIVE  
COCOA FL 32922

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Suzanne B. DeBusk*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Oct 8, 2003

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 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:

*Suzanne B. DeBusk*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)