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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000072495

1. Limited Liability Company's Name
DRAGON CAPITAL LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10333 WINDHORST RD		10333 WINDHORST RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE B		STE B	
City & State		City & State	
TAMPA, FL		TAMPA, FL	
Zip	Country	Zip	Country
33619	US	33619	US

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida 02/11/2021

6. FEI Number ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
ROSS J NEWMAN

Street Address (P.O. Box Number is Not Acceptable) Suite,
10333 WINHORST RD

Apt. #, Etc.
STE B

City	State	Zip Code
TAMPA	FL	33619

S. CHATHAM
SEP - 4 2025
TALLAHASSEE, FLORIDA

2025 SEP -2 PM 1:36
FILED

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Ross Newman Date 8/19/2025
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ROSS J NEWMAN	10333 WINDHORST RD	TAMPA, FL 33619
MG	JONATHAN TAYAR	10333 WINDHORST RD	TAMPA, FL 33619

11. E-mail Address: INFO@SOFTBOOKSINC.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [signature] Date 8/19/25 Daytime Phone #