PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000056303**

1. Corporation Name

NINE DRAGONS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1311 97TH STREET BAY HARBOR ISLANDS FL 33154	1311 97TH STREET BAY HARBOR ISLANDS FL 33154

REINSTATEMENT 2001

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
P.O. Box 398656	P.O. Box 398656
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/2000

5. FEI Number: EIN # 65-1017616 ☐ 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAI, PAUL A	1311 97TH STREET	BAY HARBOR ISLANDS FL 33154
			800004658068--6 -10/29/01--01102--003 ****750.00 ****750.00
			FLS

8. Name and Address of Current Registered Agent

LAI, PAUL A
1311 97TH STREET
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name: LAI, Paul A.
Street Address (P.O. Box Number is Not Acceptable): 1245 Lincoln Road
Suite, Apt. #, Etc.:
City: Miami Beach, FL State: FL Zip Code: 33139

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10/8/01
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED 10/8/01 305-915-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #