

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

03 JAN -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009823836
01/03/03--01097--010 **200.00

DOCUMENT # L01000010560

1. Limited Liability Company's Name

DRAGON DW, LLC

2. Principal Office Address

135 FRANKLIN BOULEVARD

Suite, Apt. #, etc.

City & State

ST. GEORGE ISLAND, FL

Zip

32328

Country

US

3. Mailing Office Address

115 PENN WARREN DRIVE

Suite, Apt. #, etc.

SUITE 300-385

City & State

BRENTWOOD, TN

Zip

37027

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6-28-01

6. FEI Number

62-1859087

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

ALTON L. NIGHTSEY

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

808 S. DENNING DRIVE

Suite, Apt. #, Etc.

City

WINTER PARK

State
FL

Zip Code

32789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/30/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHN W. COLEMAN	115 PENN WARREN DRIVE SUITE 300-385	BRENTWOOD, TN 37027

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date 12/27/02

Daytime Phone # 615-661-4721

Typed or printed name of signing Managing Member/Manager

JOHN W. COLEMAN