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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012738

Name and Mailing Address

0003841 01 AT 0.292 **AUTO T6 0 0615 32825-344716

DRAGON PROMOTIONS, LLC
216 DANVILLE DRIVE
ORLANDO FL 32825-3447

US

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 216 DANVILLE DRIVE ORLANDO FL 32825 US		5. Date Organized or Qualified To Do Business in Florida 05/23/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 02 0609 545 Applied For Not Applicable	
8. Name and Address of Current Registered Agent WILLIAMS, CHARLES 216 DANVILLE DRIVE ORLANDO FL 32825		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Charles Williams</i> SIGNATURE REQUIRED Date 10/26/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WILLIAMS, CHARLES	216 DANVILLE DRIVE	ORLANDO FL 32825
12. 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 <i>Charles Williams</i> SIGNATURE REQUIRED Date 10/26/03 Daytime Phone # 321-226-3967 Typed or printed name of signing Managing Member/Manager Charles Williams			

CP2E084 (7/03)

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REINSTATEMENT

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