



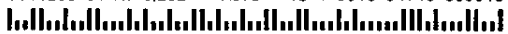
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DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000017557

Name and Mailing Address

0011266 01 AT 0.292 **AUTO T2 1 0615 34743-860919



DRAGON'S LAIR, LLC
219 PALMWOOD COURT
KISSIMMEE FL 34743-8609



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
Principal Place of Business 219 PALMWOOD COURT KISSIMMEE FL 34743		3. New Principal Place of Business Address City, State, Zip	
		6. FEI Number 01-0736016	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent RIVERA, DAVID N 219 PALMWOOD COURT KISSIMMEE FL 34743		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Noted in the Remarks) 400025638294 12/19/03--01048--011 **\$150.00 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 _____ SIGNATURE REQUIRED Date 11/19/03 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	RIVERA, DAVID N	219 PALMWOOD COURT	KISSIMMEE FL 34743
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 _____ SIGNATURE REQUIRED		Date 11/19/03	Daytime Phone # (407) 8708784
Typed or printed name of signing Managing Member/Manager _____			

CR2E084 (7/03)