

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

1. DOCUMENT # M97000000095

Name and Mailing Address

0002183 01 FP 0.352 \*\*PRSR T7 0 0615 33143-210159

DRAGONFLY GROUP, L.L.C.

6259 SW 57TH ST

S. MIAMI FL 33143-2101

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

6820 SW 64 COURT

City, State, Zip

Miami FL 33143

Principal Place of Business

6259 SW 57TH ST  
S. MIAMI FL 33143

3. New Principal Place of Business Address

6820 SW 64 COURT

City, State, Zip

Miami FL 33143

4. State/Country of Formation

GA

5. Date Organized or Qualified  
To Do Business in Florida

02/21/1997

6. FEI Number

58-2269872

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

LEVINE, JACK C.P.A.  
16855 N.E. 2ND AVENUE, #303  
N. MIAMI BEACH FL 33162

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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
MGR	QUINTO, STEPHEN L	4411 EL PRADO BLVD. 6820 SW 64 <sup>th</sup> COURT	MIAMI FL 33143 33143

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REINSTATEMENT 2002

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

Date

10/22/02

Daytime Phone #

305-669-0233

Typed or printed name of signing Managing Member/Manager

STEPHEN L. QUINTO