

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N42847**

1. Corporation Name:

**DRAGO INC**

Principal Place of Business:

Mailing Address:

**355 NW 189th St  
MIAMI FL 33169**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**355 NW 189th St MIAMI FL**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33169**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**4.5.91**

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	INDIRA SILVERMAN	11407 CANAL DR # 3	MIAMI FL 33181
D	CEDRIC YUITE	355 NW 189th St	MIAMI FL 33169
P/D	ALVA TRUITT	355 NW 189th St	MIAMI FL 33169

50002571355--8  
-06/24/98--01077--013  
\*\*\*\*420.00 \*\*\*\*420.00

**REINSTATEMENT**

**95-98 TB**

**6/23**

8. Name and Address of Current Registered Agent

**ALVA TRUITT  
355 NW 189th St  
MIAMI FL 33169**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**ALVA TRUITT**

REGISTERED AGENT MUST SIGN

Date

**May 31, 1998**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

**Indira Silverman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 31, 1998** 305 893 0943  
Date Daytime Phone #

CR2000 (12/96)