

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071799

1. Corporation Name

DRAGON CYCLES, INC.

Principal Place of Business

1583 E. SILVER STAR RD. #339
OCOE FL 34761

Mailing Address

1583 E. SILVER STAR RD. #339
OCOE FL 34761

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3748281

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	MORGAN, SHAWN P	1583 E. SILVER STAR RD.	OCOE FL 34761

500008596085
10/25/02 01076 021 **150.00

PRW/30

8. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH
SUITE E
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

Shawn Morgan

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

1583 E Silver Star Rd #339

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Morgan

Date

10/22/02 4076946838

Daytime Phone #

CR2E040 (8/02)

Dragon Cycles, Inc

1583 E. Silver Star Rd. #339
Ocoee, FL 34761

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This note is to inform you that Dragon Cycles never received the two prior uniform business report notices as outlined in the recently received Application for Reinstatement. I ask that the penalty fee be waved.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn P. Morgan", with a long, sweeping horizontal line extending to the right.

Shawn P Morgan
President, Dragon Cycles, Inc.