2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000023014

1. EntityName
SILVERDRAGON,INC.

FILED
07 NOV 27 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PrincipalPlaceofBusiness	MailingAddress
4947 US HWY 98 N LAKELAND, FL 33809	4947 US HWY 98 N LAKELAND, FL 33809

REINSTATEMENT CR2E098(1/07) 07

2. PrincipalPlaceofBusiness - No P.O. Box#		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 01-0616267 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
LAI,YENKONG 2133RAINBOWERDR LAKELAND,FL33810	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	D LAI,YENKONGPRESIDE 2133RAINBOWERDRIVE LAKELAND,FL33810	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100112598691 11/27/07--01012--014 **150.00
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	11/28	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoes not qualify for the exemptions contained in Chapter 119, Florida Stat utes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 11/15/07 863 - 8688818
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#