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
96 DEC 27 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000057774**

1. Corporation Name
CYBERDRAGON, INC.

Principal Place of Business	Mailing Address
1855 JENSEN BEACH BLVD JENSEN BEACH FL 34957	1855 JENSEN BEACH BLVD JENSEN BEACH FL 34957

REINSTATEMENT 96a0

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
Suite, Apt. #, etc.: 1949 JENSEN BEACH BLVD.	Suite, Apt. #, etc.: SAME
City & State: JENSEN BEACH, FL	City & State:
Zip: 34957 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/04/1994

5. FEI Number: 65-0520291 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TESORIERO, ANTHONY J	~~3132 MORNINGSIDE BLVD~~ 2334 BORDEAUX CT.	PORT ST LUCIE FL 34952

000000204396D--0
-01/03/97--01022--020
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TESORIERO, ANTHONY J 1949 ~~1855~~ JENSEN BEACH BLVD JENSEN BEACH FL 34952	Name: TESORIERO, ANTHONY J. Street Address (P.O. Box Number is Not Acceptable): 2334 BORDEAUX CT. Suite, Apt. #, Etc.: City: P.S.L. State: FL Zip Code: 34952

CR2E040 (7/96)

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: A. Tesoriero SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 9/17/96

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: A. Tesoriero SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ANTHONY J. TESORIERO CEO. Date: 9/17/96 Daytime Phone #: 5613340282

000197 AP