

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Attorney General

Secretary of State

DIVISION OF CORPORATIONS

94 HR

FILED

00 FEB 18 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057774

1. Corporation Name

CYBERDRAGON, INC.

Principal Place of Business

Mailing Address

4040 JENSEN BEACH BLVD
JENSEN BEACH FL 34957

4040 JENSEN BEACH BLVD
JENSEN BEACH FL 34957

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

2. New Principal Office Address, If Applicable

411 South Federal Hwy

Suite, Apt. #, etc.

Stuart Florida

City & State

34994 USA

Zip Country

3. New Mailing Office Address, If Applicable

411 South Federal Hwy

Suite, Apt. #, etc.

Stuart Florida

City & State

34994 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 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
D	TESORIERO, ANTHONY J	2334 BORDEAUX CT	PORT ST LUCIE FL 34952

900003158369-4
-03/06/00-01099-019
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

TESORIERO, ANTHONY J
2334 BORDEAUX CT
P.S.L. FL 34952

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24/99

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 REQUIRED

ANTHONY J. TESORIERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/99

SC1

82830304

Daytime Phone #