

## PLEASE READ ALL INSTRUCTIONS BEFORE I

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Nov 15 1999 8:00 am  
Secretary of State

DOCUMENT # **P96000072385**

1. Corporation Name

**GRAGON, INC.**

Principal Place of Business

9600 NW 25TH ST. SUITE 3F  
MIAMI FL 33173

Mailing Address

9600 NW 25TH ST. SUITE 3F  
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**11786 SW 90TH TERR**City & State  
**MIAMI, FL**Zip  
**33186**Country  
**MIAMI-DADE**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**11786 SW 90TH TERR**City & State  
**MIAMI, FL**Zip  
**33186**

Country

**REINSTATEMENT 1999**4. Date Incorporated or Qualified  
To Do Business in Florida**08/30/1996**

5. FEI Number

**65-0774147**

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	GONZALEZ, ORLANDO A	<del>9600 NW 25TH ST, SUITE 3F</del> <b>11786 SW 90TH TERR</b>	<del>MIAMI FL 33173</del> <b>33186</b>
			<b>800003071368--1</b>
			<b>12/15/99 01075-015</b>
			<b>***750.00 ***750.00</b>

8. Name and Address of Current Registered Agent

MESA, MANUEL A  
1000 BRICKELL AVE  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
**ORLANDO A. GONZALEZ**

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

**11786 SW 90TH TERR**

Suite, Apt. #, Etc.

City  
**MIAMI**State  
**FL**Zip Code  
**33186**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Orlando Gonzalez*  
REGISTERED AGENT MUST SIGN

Date **10/21/99**

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 118.07(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

*Orlando Gonzalez*

**10/21/99 305-271-3716**

Date

Daytime Phone #