

APPLIC. FOR REINSTATEMENT

99-2000 AR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015016

1. Corporation Name

BLACK DRAGON, INC.

Principal Place of Business
1111 Gulfstream, #17E
Sarasota, FL 34236Mailing Address
1111 Gulfstream, #17E
Sarasota, FL 34236

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

2. New Principal Office Address, If Applicable
1034 Viendra Drive3. New Mailing Office Address, If Applicable
1034 Viendra Drive4. Date Incorporated or Qualified
To Do Business in Florida 02/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0812753

Applied For

Not Applicable

City & State
Solvang, CACity & State
Solvang, CAZip
93463Country
USAZip
93463Country
USA6. 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)

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	Caine, Gillian Bonner	1034 Viendra Drive	Solvang, CA 93463
D	Caine, Joshua M.	1034 Viendra Drive	Solvang, CA 93463
			100003108131--7
			-01/24/00--01070--003
			****700.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bonner, Loree G.
1111 Gulfstream, #17E
Sarasota, FL 34236Name
Cheryl L. GordonStreet Address (P.O. Box Number is Not Acceptable)
240 S. Pineapple AvenueSuite, Apt. #, Etc.
10th FloorCity
SarasotaState
FLZip Code
34236

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

Cheryl L. Gordon

Date 1-18-00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.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 name 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

Gillian Bonner Caine, President

Date

Daytime Phone #