

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:17

DOCUMENT # *P98000068871*

1. Corporation Name

Southern Dragon, Inc.

2. Principal Office Address

3725 SE OCEAN Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

STUART, FL

Zip

Country

34996

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1998

5. FEI Number

65-0862755

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY M. REID

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

3725 S.E. OCEAN Blvd.

Suite, Apt. #, Etc.

SUITE 103

City

STUART

State

FL

Zip Code

34996

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***908.75 ***908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/25/2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>05/10</i>	<i>LARRY M. REID</i>	<i>3725 S.E. OCEAN Blvd #103</i>	<i>STUART, FL 34996</i>

05/19

10. 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)(f), 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]

LARRY M. REID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2001

Date

Daytime Phone #

561-219-3733

CR2001 (2/00)