## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000018349

1. Corporation Name

DRAGONFLY WATERSPORTS, INC.

Principal Place of Business

Mailing Address

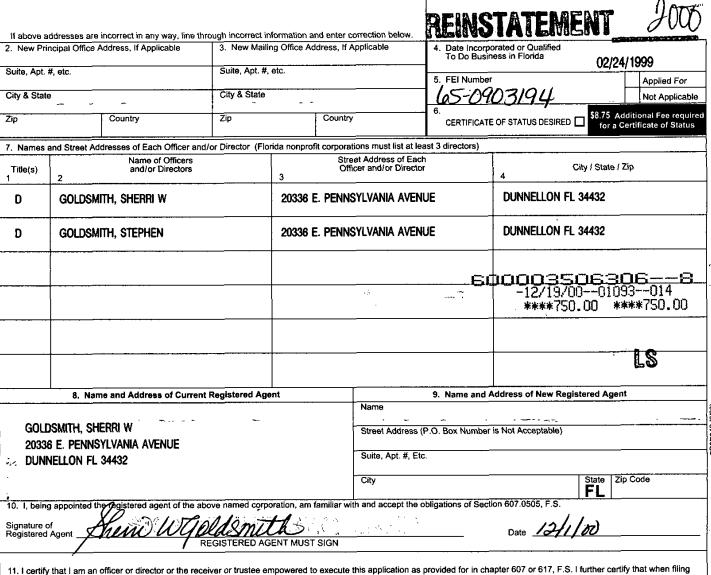
20336 E. PENNSYLVANIA AVENUE **DUNNELLON FL 34432** 

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FILED

00 DEC -5 AM 10: 22

SECRETARY OF STATE
TAUDAHASSEE: FLORIDA



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

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**=** /M.

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