

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000018349

1. Corporation Name

DRAGONFLY WATERSPORTS, INC.

2. Principal Office Address - No P.O. Box #

20336 E. PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

City & State

DUNNELLON, FL

Zip

34432

Country

USA

3. Mailing Office Address

20336 E. PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

City & State

DUNNELLON, FL

Zip

34432

Country

34432

7. Name and Address of Current Registered Agent

Name

SHERRI W. GOLDSMITH

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

20336 E. PENNSYLVANIA AVENUE

Suite, Apt. #, Etc.

City

DUNNELLON

State

FL

Zip Code

34432

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

Sherr W Goldsmith
REGISTERED AGENT MUST SIGN

Date

March 26, 2009

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
D	SHERRI W. GOLDSMITH	20336 E. PENNSYLVANIA AVENUE	DUNNELLON, FL 34432
D	STEPHEN L. GOLDSMITH	20336 E. PENNSYLVANIA AVENUE	DUNNELLON, FL 34432

REINSTATEMENT

2008-09

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 contained in Chapter 119, 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:

Sherr W Goldsmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRI W. GOLDSMITH

Date

3-26-09

Daytime Phone #

(352) 489-6904

FILED

2009 MAR 30 A 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900147912319
03/30/09--01004--008 **308.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1999

5. FEI Number
65-0903194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.