

APPLICATION
FOR



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043639

1. Corporation Name

BLACK DRAGON INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2170 ELMCREST PLACE
OVIEDO FL 32765

2170 ELMCREST PLACE
OVIEDO FL 32765



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

2. New Principal Office Address, If Applicable

~~Black Dragon Int'l. Inc.~~

1514 W. BROADWAY

City & State

OVIEDO, Florida

Zip Country

32765 Seminole

3. New Mailing Office Address, If Applicable

~~Black Dragon Int'l. Inc.~~

1514 W. BROADWAY

City & State

OVIEDO, Florida

Zip Country

32765 Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1999

5. FEI Number

59-3582727

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| PD | LEE, SUNG T | 2170 ELMCREST PLACE | OVIEDO FL 32765 |
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***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEE, SUNG T

~~2170 ELMCREST PLACE~~ 1514 WEST BROADWAY
OVIEDO FL 32765

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/6/2000

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/2000 359-8386

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11/7/2000

To: Florida Dept. of State

Katherine Harris

Secretary of State

From: Capt. Sung Lee a/s me

1514 W. Broadway

Orlando, Florida 32765

Subj: Sending annual Corp. filing fee of
\$150.00. I'm sorry to send my
reinstatement in late. I changed
address and had not gotten a
renewal application for reinstatement
until 11/6/2000. A former neighbor
brought the Corp. application to me at
my business. I apologize for being
late, it will not happen again.

Thank you

Capt. Sung Lee
a/s me