

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JAN -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000004239

1. Corporation Name

Legend Lakes Homeowners Association
of Vero Beach, Inc.

2. Principal Office Address

7965 Lantana Road

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 540623

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33467

Country

USA

Zip

33454

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/2002

5. FEI Number

04-3681299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **Yes**

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

GARY SMIGIEL, L.C.

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

7965 Lantana Road

Suite, Apt. #, Etc.

900026617359

01/09/04--01078--008 **131 25

City

Lake Worth

State

FL

Zip Code

33467

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

1/2/04

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
P/D	Chris Heine	7965 Lantana Road	Lake Worth, FL 33467
V/D	Gary Smigiel	7965 Lantana Road	Lake Worth, FL 33467
S/T/D	Stephanie Winston	7965 Lantana Road	Lake Worth, FL 33467

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHANIE WINSTON

Date

1/2/04 56-968-3601

Daytime Phone #

CR2E061 (10/02)

*Legend Lakes Homeowner's Association
of Vero Beach, Inc.*

P. O. Box 540623 • Lake Worth, FL 33454

STEPHANIE WINSTON
SECRETARY/TREASURER

PHONE: 561-968-3605
FAX: 561-968-3601

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Legend Lakes HOA #N02000004239

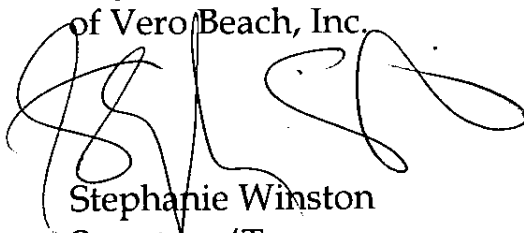
Gentlemen:

As per my phone conversation with your representative this morning concerning our incorrect mailing address, I have enclosed a Reinstatement Form along with a check for \$131.25 to cover the 2003 and 2004 Annual Reports at \$61.25 each and \$8.75 for a Certificate of Status.

Please make sure our "Mailing Address" is changed to reflect the #3 box on the form so we may receive the Annual Report and other correspondence in the future.

Thank you.

Sincerely,
Legend Lakes Homeowner's Association
of Vero Beach, Inc.



Stephanie Winston
Secretary/Treasurer
Director

Enc.