

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:06

1. DOCUMENT # L00000007233

Name and Mailing Address

0001506 01 AT 0.292 **AUTO T7 3 0615 32176-652445



LEGACY FOODS, LLC
45 SETON TRAIL
ORMOND BEACH FL 32176-6524



| | | | |
|---|--|--|--|
| 2. New Mailing Address <u>39 Kings bridge crossing</u> City, State, Zip <u>Ormond Beach FL 32174</u> | | 4. State/Country of Formation FL | |
| Principal Place of Business 45 SETON TRAIL ORMOND BEACH FL 32176 | | 5. Date Organized or Qualified To Do Business in Florida 06/21/2000 | |
| 3. New Principal Place of Business Address <u>39 Kings Bridge crossing</u> City, State, Zip <u>Ormond Beach FL 32174</u> | | 6. FEI Number 59-3654899 | |
| | | Applied For Not Applicable | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491 | | 9. Name and Address of New Registered Agent Name <u>Victor Pappa</u> Street Address (P.O. Box Number is Not Acceptable) <u>39 Kings Bridge crossing</u> <u>Ormond Beach</u> City <u>FL</u> Zip Code <u>32174</u> | |
|--|--|---|--|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **REQUIRED** Date 11-04-03
REGISTERED AGENT MUST SIGN

| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
|--|-----------------------------------|--|----------------------------------|
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGR | PAPPA, VICTOR H | 45 SETON TRAIL | ORMOND BEACH FL 32176 |
| MGR | Pappa, Victor H. | 39 Kingsbridge crossing | Ormond Beach FL 32174 |
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11/10/03--01004--008 **150.00

RECEIVED 03
[Signature]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **REQUIRED** Date 11-04-03 Daytime Phone # 386-672-5659
Typed or printed name of signing Managing Member/Manager Victor H. Pappa

CR2E084 (7/03)