

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

LO 1000008701

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
DIVISION OF CORPORATIONS

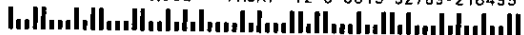
1. DOCUMENT # **LO1000008701**

Name and Mailing Address

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PRIVATE LEGACY GROUP, LLC
1850 LEE RD., STE. 320
WINTER PARK FL 32789-2164

REINSTATEMENT

2002



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 05/31/2001		6. FEI Number 59-3723060	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
3. New Principal Place of Business Address City, State, Zip		8. Name and Address of Current Registered Agent CUMMINS, J. MICHAEL 1850 LEE RD., STE. 320 WINTER PARK FL 32789	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <i>11/4/02</i>	
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	CUMMINS, J. MICHAEL	1850 LEE RD., STE. 320	WINTERPARK FL 32789
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 <i>[Signature]</i> Date <i>11/4/02</i> Daytime Phone # <i>407-628-9993</i> Typed or printed name of signing Managing Member/Manager <i>J. Michael Cummins</i>			

REINSTATEMENT

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