

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -5 PM 1:28

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02 0000 235 33**

1. Limited Liability Company's Name

Legacy Wealth Advisors, LLC

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

201 E. Kennedy Blvd

Suite, Apt. #, etc.

#1950

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Office Address

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

#1950

City & State

Tampa, FL

Zip

33602

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/9/02

6. FEI Number

05-0539475

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Victor W. Holcomb, Esq

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

106 S. Tampa Ave #201

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☒ A \$100 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 \$100
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	<i>Spence & Gold Financial Inc</i>	<i>201 E. Kennedy Blvd #1950</i>	<i>Tampa FL 33602</i>
MGRM	<i>DP Holdings LLC</i>	<i>201 E. Kennedy Blvd #190</i>	<i>Tampa FL 33602</i>

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REINSTATEMENT

W/O 03-08

11. 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

L. Robert Spence

Date

2/13/08

Daytime Phone #

813-223-4000

Typed or printed name of signing Managing Member/Manager

Louis Robert Spence