

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 17 AM 9:46

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025820

1. Limited Liability Company's Name

LEGENDS, LLC

2. Principal Office Address

2008 Riverside PL # 5

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33305

Country

3. Mailing Office Address

2008 Riverside PL # 5

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33305

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business In Florida**

10/01/02

6. FEI Number

13-4224246

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

Peter Zimmerman

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

2008 Riverside Place # 5

Suite, Apt. #, Etc.

City

Wilton Manors

300041093413
09/15/04-01013-003 **155.00
300041093413
03/01/05-01004-023 **50.00
State Zip Code
FL 33305

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

12/28/05

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
P.	Peter Zimmerman	2008 Riverside Place #5	Wilton Manors, FL 33305
VP	James Tolentino	Cebu City	Philippines
VP	Moises Selma	Cebu City	Philippines
Sec	Evelyn Selma	Cebu City	Philippines

REINSTATEMENT

2003-2004
2005

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

Date

Daytime Phone#

954

568-0588

Typed or printed name of signing Managing Member/Manager

Peter Zimmerman

CR2E041 (1-10-02)