PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE Secretary of State	SECRETARY OF STATE DIVISION OF CORPORATIONS
REINSTATEMENT	DIVISION OF CORPORATIONS	05 FEB 28 AM 8: 57
DOCUMENT #	L030000 18037	411 0:21
1. Limited Liability Company's Name		
legal Credit can , LLC		
663	ľ	d
2. Principal Office Address	3. Mailing Office Address	Oper
12360 66± Str.	P.O. Box 2631	4. State/Country of Formation
Suite. Apt. #, etc.	Suite Apt. # etc.	5. Date Organized or Qualified
Suize Z City & State	City & State	To Do Business in Florida 5/20/63
Largo FL	Pruellas Park FL	6. FEI Number Applied For Not Applicable Not Applicable
Zip Country	Zip Country	7. CONTROL CONTROL CONTROL
33773 US	33780 Pivellas	(b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
8. Name and Address of Current Registered Agent		
Kick Cosby		
Street Address (P.O. Box Number is Not Acceptable) 0 98 63 6 Way W. DEMICRATEMENT 04-05		
Suite, Apr., #, Etc.		
City		State Zip Code
<u> "Pruellas</u>	Park	FL 33781
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 Date/_31/05		
Signature of Registered Agent Date//31/05		
REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Managing Membors/Manag	Street Address of Eac Managing Member/Man	
CEO RICK Crosby 12360 60 5 Str. M. (2500, FC 332)3		
(10)		37,7
		200048028212
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11. I cottify 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 7(23)05 Daytime Phone # 727-535-1338		
Typed or printed name of signing Managing Member/Manager		