

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUL 19 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400106615814  
07/24/07--01017--028 \*\*150.00

CR2E041 (1/07)

DOCUMENT # LO40000 49871

1. Limited Liability Company's Name

Legend Motors LLC

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

1137 Harrison Ave

Suite, Apt. #, etc.

Ste 6

City & State

Panama City

Zip

32405

Country

U.S.A.

3. Mailing Office Address

1137 Harrison Ave

Suite, Apt. #, etc.

Ste 6

City & State

Panama City

Zip

32405

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

37-1492064

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

Adam Christopher Pate

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

609 Hummingbird St

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

☒ 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 07/19/07

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
<u>MEM</u>	<u>Adam Christopher Pate</u>	<u>609 Hummingbird St</u>	<u>Lynn Haven FL 32444</u>

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 07/19/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Adam Christopher Pate