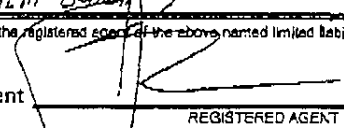
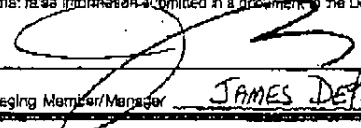


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 13 FEB 18 AM 8:55	
DOCUMENT # <u>LO6000021758</u>					
1. Limited Liability Company's Name <u>LEGEND FLORIDA, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>521 PLYMOUTH ROAD</u>			3. Mailing Office Address <u>521 PLYMOUTH ROAD</u>		
Suite, Apt. #, etc. <u>SUITE 118</u>			Suite, Apt. #, etc. <u>SUITE 118</u>		
City & State <u>PLYMOUTH MEETING, PA</u>			City & State <u>PLYMOUTH MEETING, PA</u>		
Zip <u>19462</u>	Country <u>USA</u>	Zip <u>19462</u>	Country <u>USA</u>	4. State/Country of Formation <u>FLORIDA USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2-28-2006</u>				6. FEI Number <u>383734076</u>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent					
Name <u>JONATHAN BERKOWITZ, ESQ.</u>			E-mail Address: <u>JAB@FCOHENLAW.COM</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN</u>			(To be used for future annual report notices)		
State, Apt. #, Etc. <u>712 US HIGHWAY 1, SUITE 400</u>					
City <u>NORTH PALM BEACH</u>	State <u>FL</u>	Zip Code <u>33408</u>			
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 <u>01/10/2013</u>		
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
<u>MR</u>	<u>JAMES DEPETRIS</u>	<u>521 PLYMOUTH ROAD, SUITE 118</u>	<u>PLYMOUTH MEETING, PA</u> <u>19462</u>		
			<u>800 243 675 518</u>		
			<u>01-15-13 01015 009 516.25</u>		
			<u>01-30-13 01024 020 5138.25</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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.					
Signature of Managing Member/Manager 			Date <u>1-9-2013</u> Daytime Phone # <u>610-941-4034</u>		
Typed or printed name of signing Managing Member/Manager <u>JAMES DEPETRIS</u>					

REINSTATEMENT 10-13

CR2E041 (1/11)

JAB@FCOHENLAW.COM

Date 01/10/2013

800 243 675 518

01-15-13 01015 009 516.25

01-30-13 01024 020 5138.25