

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

03 JAN 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001726
Name and Mailing Address

0007889 01 FP 0.352 **PRSR T4 0 0615 39158-272929
LEGIONS INVESTMENTS, LLC
P.O. BOX 2729
RIDGELAND MS 39158-2729

400008643104
12/27/02--01052--007 **50.00



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		MS	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
750 AVIGNON DRIVE, BLDG. 3., SUITE 5 RIDGELAND MS 39157		08/23/2000	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		64-0912630	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUSSIO, JOHN F JR. 9011 HIGHWAY 98 WEST #810 DESTIN FL 32541		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		400008643104	
		10/29/02--01025--004 **100.00	
		City	
		FL Zip Code	

10. 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: *[Signature]* Date: 1/12/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GUSSIO, GREGORY J	750 AVIGNON DRIVE, BLDG. 3., SUITE 5	RIDGELAND MS 39157
MGR	GUSSIO, JOHN F	750 AVIGNON DRIVE, BLDG. 3., SUITE 5	RIDGELAND MS 39157

400008643104
01/15/03--01025--014 **50.00

REINSTATEMENT 2002-2003

JB

12. 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: *[Signature]* Date: 10/24/02 Daytime Phone # 601-405-0004

Typed or printed name of signing Managing Member/Manager