

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

City, State, Zip

4. State/Country of Formation

MS

5. Date Organized or Qualified
To Do Business in Florida

08/23/2000

Principal Place of Business

750 AVIGNON DRIVE, BLDG. 3., SUITE 5
RIDGELAND MS 39157

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

64-0912630

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

GUSSIO, JOHN F JR.
9011 HIGHWAY 98 WEST #810
DESTIN FL 32541

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 1/12/03

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

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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

Date 10/24/02

Daytime Phone # 601-405-0004

Typed or printed name of signing Managing Member/Manager