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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

M00000001726

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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	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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		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			

CR2E(84) (8/02)

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