

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JUN -9 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000002714

1. Corporation Name

FLORIDA LEGACY ALLSTARS INC.

12894 Metro Parkway

Same

2. Principal Office Address

12894 Metro Parkway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33912

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/08/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03.04

7. Name and Address of Current Registered Agent

Name

Michelle Sherwood

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

1509 SW 48th Terrace

Suite, Apt. #, Etc.

#102

City

Cape Coral

State

FL

Zip Code

33914

600037813606

06/09/04--01078--006 **297 50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle Sherwood

Date 06/01/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michelle Sherwood	1509 SW 48th Terrace #102	Cape Coral, FL 33914
DP	Richard Juers	1126 SW 1st Terrace	Cape Coral, FL 33991
DV	Donna Berthel	4816 Marine Drive #1	Cape Coral, FL 33904
DS	Kara Reed	1366 Gulf Drive	Fort Myers, FL 33919
DT	Rhonda Beitelschies	849 SE 3rd Terrace	Cape Coral, FL 33990

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Donna Berthel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-1-04 (239) 768-6441

Daytime Phone #

CR2E081 (01/04)