


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="text-align: center; margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>03 APR 21 AM 9:34</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>300016322613 04/18/03--01041--005 **308.75</p>																											
<p>DOCUMENT # P00000037175</p> <p>1. Corporation Name LEGEND ALL-STAR, INC.</p>																													
<p>2. Principal Office Address 21113 JOHNSON ST. Suite, Apt. #, etc. # 132 City & State PEMBROKE PINES, FL Zip 33029 Country USA</p>	<p>3. Mailing Office Address 21113 JOHNSON ST. Suite, Apt. #, etc. # 132 City & State PEMBROKE PINES, FL Zip 33029 Country USA</p>																												
<p>4. Date Incorporated or Qualified To Do Business in Florida 4/12/2000</p> <p>5. FEI Number 651007998</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Name and Address of Current Registered Agent</p> <p>Name ERNESTO VALDES</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1067 N.E. 88 STREET</p> <p>Suite, Apt. #, Etc.</p> <p>City MIAMI</p> <p>State FL</p> <p>Zip Code 33138</p>																													
<p>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.</p> <p>Signature of Registered Agent <i>Ernesto Valdes</i> Date 4-8-03</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																													
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>D</td><td>ERNESTO VALDES</td><td>1067 N.E. 88 ST.</td><td>MIAMI, FL 33138</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	ERNESTO VALDES	1067 N.E. 88 ST.	MIAMI, FL 33138																				
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<p>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.</p> <p>SIGNATURE: <i>Ernesto Valdes</i> ERNESTO VALDES 4-8-03 305-754-2088</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p style="text-align: right;">Date Daytime Phone #</p>																													

CR2E081 (10/02)

4/21/03