FAX AUDIT No. H03000249393

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG -8 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074028

1. Corporation Name

LEGEND HOLDINGS INC.

2. Principal Office Address	3. Mailing Office Address
c/o Karen MacAdam 340 West Barry Avenue	c/o Karen MacAdam 340 West Barry Avenue
Suite, Apt. #, etc. Coachhouse	Suite, Apt. #, etc. Coachhouse
City & State Chicago, IL	City & State Chicago, IL
Zip: 60657 Country: USA.	Zip: 60657 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/2000

5. FEI Number: 65-1033486 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): One S.E. 3rd Avenue

Suite, Apt. #, Fla.: 28th Floor

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: American Information Services, Inc. By Angelica M. Calabrese Assistant Secretary Date: 8/7/03

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/P	Daniel Melk	340 West Barry Avenue Coachhouse	Chicago, IL 60657
D/S/T	Karen MacAdam	340 West Barry Avenue Coachhouse	Chicago, IL 60657
		01-03	
		REINSTATEMENT	
			IS

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: DANIEL MELK 8/7/03 7734778900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E051 (11/02)

Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From: Angelica Calabrese.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

LEGEND HOLDINGS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

20440-105089