## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT Secretary of State	I VY NUU I D KII IU• II G
DIVISION OF CORPORATION	ONS SECRETARY OF STATE
2003	SECRETARY OF STATE FALLAHASSEE, FLORIDA
DOCUMENT # \$ 00000 102572	<b>;</b>
LEGACY REAlty Group, Inc.	
Total Portion, The	
	REMSTATEMENT 03-04
2. Principal Office Address 3. Mailing Office Address	03
1666 Kennedy Causeway	REMO 1 in the same
Suite, Apt. #, etc.	
Suite 706	4. Date Incorporated or Qualified To Do Business in Florida
City & State	5. FEI Number Applied For
North Bay Village	-65-105-159-3 Not Applicable
Zip Country Zip Country	6. CERTIFICATE OF STATUS DESIRED. S8.75 Additional Fee required
33141 Dave	Tur a Certificate of Status
7. Name and Address of C	
Name Hertor Mic	<del>-06/07/0401029002 **15</del> .00
Street Address (P.O. Box Number is Not Acceptable)	100037719941
2655 lejeune 'ld +	1 <b>0</b> 7 06/07/0401029003 **151.00
Suite, Apr. #, Etc.	
city Coral Gables	State Zip Code FL 33134
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 J.	Date 6 (3/04
Registered Agent Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
	t Address of Each City / State / Zip
Officers and/or Directors Office	er and/or Director
PD Juan C. Gaviria 1865 B	ay Terrace N. Bay Village
VP Elizabeth Camp 3031 NI	163Rd stret Miami Beach
	100027719941
	100037719941 08/16/0401079010 **608.75
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.	
1/10/1/ 1/2/ 5/20/14 PUNDA1219	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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