

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085598

1. Corporation Name

City of Legends, Inc.

REINSTATEMENT 03

600024608186
11/12/03--01025--014 **211.25

2. Principal Office Address

151 E. Minnehaha Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

151 E. Minnehaha Avenue

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

Lake

Zip

34711

Country

Lake

**4. Date Incorporated or Qualified
To Do Business in Florida**

Aug. 27, 2001

5. FEI Number

71-0864382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Samuel E. McDowell

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

151 E. Minnehaha Avenue

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Date

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
Pres.	Samuel E. McDowell	151 E. Minnehaha Avenue	Clermont, FL 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03

Date

352-243-0343

Daytime Phone #

CR2E081 (10/02)

71



Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

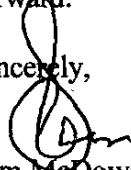
Re: City of Legends, Inc. Corporation Reinstatement

Dear Sir/Madam:

Please find enclosed our Corporation Reinstatement form along with the appropriate payment. May this letter serve as a request for forgiveness for the "2003" failure to file". We received notice for the 2002 filing and we paid the fee and completed the form, however we did not receive any notice from the 2003 Uniform Business Report. Our notice of Dissolution came as a result of a proposed new business partner doing corporate due diligence and determined that the corporation had been dissolved by the Division of Corporations, our mail comes to an address that is shared with another business.

Please reinstate our Corporation and we will do our best in our records to keep this Corporation active and make sure that we file the appropriate paperwork from this point forward.

Sincerely,


Sam McDowell
President and CEO

Enclosure

SM/NL