

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 17 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000118809**

1. Corporation Name

Nu-Legynds, Inc.

2. Principal Office Address

528 Mathis Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 273461

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32720

Country

U.S.

City & State

Boca Raton, FL

Zip

33427-3461

Country

U.S.

REINSTATEMENT

CR2E081 (8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/01

5. FEI Number

300027421

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

Annie P Stinson

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

528 Mathis Street

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

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

Annie Pearl Stinson
REGISTERED AGENT MUST SIGN

Date

10-18-05

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
CEO / Owner	<i>Edward J Stinson</i>	<i>528 Mathis Street</i>	<i>Deland, FL 32720</i>
	<i>Annie P Stinson</i>	<i>528 Mathis Street</i>	<i>Deland, FL 32720</i>
	<i>[Signature]</i>		

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:

Edward J Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-05

561-702-6366
Daytime Phone #

Friday, September 30, 2005

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

To Whom It May Concern:

It has come to my knowledge that the corporation, Nu-Legynds, Inc. has inactive status with the state due to annual reports not being filed. Nu-Legynds never received the letter requesting the submission for the filing report. Upon speaking with 2 clerks I learned that the state did send a letter to the address listed in Deland, FL. However, the post office returned the mail to you with the reason stating that the corporation was not at that address. If you refer to your records you will see, indeed that Deland, FL is the address recorded for the corporation.

I'm asking that you please waive the extra late charges for my corporation's re-instatement. I'm enclosing a check in the amount of \$450.00 as discussed with the clerk at your office. I'm aware that in January of 2006, I am required to submit another report with the appropriate fees in order to keep Nu-Legynds, Inc. status active.

Should you have any questions or comments, please contact myself at 561-702-6366 or 561-347-0707. I am also enclosing the blank re-instatement form to be processed.

Thank you,



Edward J. Stinson, Jr.
President/CEO, Nu-Legynds, Inc.