

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 OCT 13 PM 12:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000099035**

1. Corporation Name

LEGACY OF MIAMI, INC.

Principal Place of Business

Mailing Address

12245 SW 89 AVE
 MIAMI FL 33176

12245 SW 89 AVE
 MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
 03

4. Date Incorporated or Qualified To Do Business in Florida

09/12/2002

5. FEI Number

54-2078313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MARCOS MISHAAN	12245 SW. 89 AVE	MIAMI, FL 33176
VP	CAROL FEDERICO	12245 SW. 89 AVE	MIAMI, FL 33176

200023752912
 10/13/03--01078--009 **750.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MISHAAN, MARCOS Y
 12245 SW 89 AVE
 MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of Registered Agent

Marcos Y Mishaan
 REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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:

Marcos Y Mishaan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03(303) 790-9239

Date

Daytime Phone #

CR2E040 (7/03)