		PLEAS	E READ	ALL INST	RUCTI	ONS	BEFORE	E COMF	PLETI	NG THIS FOF	₹M.	
47	PLICATI FOR STATEN				DEPAR Glenda Secretar	E. Hoo y of Sta	ate	TE	٥	FILED 03 OCT 23 AM	0.00	
DOCUMENT # P02000116289						19			SECRETARY OF STATE FALLAHASSEE FLORIDA			
_EGIOI	N CAPIT	AL, INC	<b>D</b> .					,		2	OHIDA	
Principal Place of Business Mailing Address												
4919 SW 164TH AVENUE 4919 SW 164T MIRAMAR FL 33027 MIRAMAR FL 3												
387 NW 80Th Terrace Martation 1387 N Suite, Apt. #, etc. Suite, Apt. #,					ng Office Address, If Applicable  NW 80Th Terrace  atc.			4. Dất To	4. Date Incorporated or Qualified To Do Business in Florida 10/29/2002			
City & State City & State				ation				02 NUAN FOR			Applied For Not Applicable	
3332 Zip		Country U.S.F	<del></del>	Zip 3332		Country	U.S.A	6. CEF	RTIFICATE	OF STATUS DESIRED	/ \$8.75 Ac for a C	dditional Fee required Certificate of Status
7. Names	and Street Add	·	ach Officer and/o	or Director (Flor	ida nonprofi		<del></del>		ctors)			
Title(s) 1	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip		
D	GORE, MARVIN				4919 SW 184TH AVENUE					MIRAMAR FL 33027		
0-	JONES, RENEE				2002 LITTLE HILL COVE, APT. 214				OVIEDO FL 32705			
P	Gores	Mar	NIN		1387	NW	8074	Terra	ce	Plantation	1 F L	33322
			***************************************		<u></u>		<del>-</del>	10	1 () 3/23/	002 <b>4</b> 057	191 2 **1	<u>!</u> 50.00
			· 						1	002405 03-01086-01	719	1
								i	.U/	U3~~U1U86~~U1	3 準料	d <b>.</b> 75
8. Name and Address of Current Registered Agent								9. Nar	ne and A	ddress of New Registe	red Agen	t
							Name					
LOOMAR, L. GREGORY 1152 NORTH UNIVERSITY DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
PEMBROKE PINES FL 33024						Suite, Apt. #, Etc.						
							City		<u></u>		State Zip	Code
10. I, being		<del>-</del>	agent of the abov	•	ration, am fa	ımiliar with	and accept th	ne obligations	of Section	on 607.0505, F.S. or 617	′.0505, F.S	).
		1/1/2	/ /									'

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.

REGISTERED AGENT MUST SIGN

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Registered Agent

10 15 03

954-224-1917

## LEGION CAPITAL, INC.

1387 NW 80th Terrace, Building 19, Plantation Fl. 33322



## "Built on the Financial Strength of Many"

Tel: (954) 224-1917 Fax: (954) 473-0803

Mobile Office Numbers: (954) 224-1917

October 15th, 2003

To: The Division of Corporations

Annual Report/Reinstatement Section

From: Marvin J. Gore

President, Legion Capital Inc. Fort Lauderdale Florida U.S.A

Re: UBR Notices Not Received

To whom it may Concern.

Legion Capital was formed in October 2002 and between that time and now the company and its President has moved from Miramar Florida to Oviedo Florida to Fort Lauderdale Florida. I have not received your prior UBR notices and in fact the company has only recently begun to operate officially.

I have made the appropriate changes to document PO2000116289 and included the Fee of USD\$150.00. Be assured that it is my intention to keep my company up to date with regards to its obligations to the State.

Please let me know if there is anything else that you may require of me.

Thanking you in advance for your kind considerations

Sincerely,

Marvin J. Gore

President

Legion Capital Inc.

C.C. Mr. Gregory Loomar ESQ.

the compared again agreement seems