

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 18 PH 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000096981*

1. Corporation Name

Leggett Group Inc.

2. Principal Office Address

9050 NW 68 Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Parkland

City & State

FLA.

Zip

33067

Country

BRUNARD

Zip

33067

Country

U.S.

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-04

5. FEI Number

73-1709783

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

Jeffrey Lee Leggett

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

9050 NW 68 Ct

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

Jeffrey Lee Leggett

REGISTERED AGENT MUST SIGN

Date

10/14/05

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
<i>Pres</i>	<i>Jeffrey Lee Leggett</i>	<i>9050 NW 68 Ct</i>	<i>Parkland FL 33067</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:

Jeffrey L. Leggett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05

Date

954-232-8791

Daytime Phone #