

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153041

1. Entity Name
LEGENDARY REAL ESTATE COMPANY, INC.



FILED

08 MAR 11 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7611 LAKE CYPRESS DR.
ODESSA, FL 33556

Mailing Address
7611 LAKE CYPRESS DR.
ODESSA, FL 33556



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
20-1852764

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, MICHAEL E
7611 LAKE CYPRESS DR.
ODESSA, FL 33556

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
SULLIVAN, MICHAEL E
7611 LAKE CYPRESS DR.
ODESSA, FL 33556

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

700119863807
03/11/08--01005--017 **300.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Michael Sullivan

2/22/07

(910) 512 4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #