2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# P07000021257

Entity Name: LEGENDS FASHIONS CORPORATION

Current Principal Place of Business:

3291 SW 1ST STREET
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

462 SW PORT ST LUCIE BLVD
UNIT 117
PORT ST LUCIE, FL 34952

Current Mailing Address:

3291 SW 1ST STREET
DEERFIELD BEACH, FL 33442

New Mailing Address:

1168 SW MIRROR LAKE COVE
PORT ST LUCIE, FL 34986

FEI Number: 20-8464450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: BRENO GOMES 10/30/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: KEEGAN, MARIA S
Address: 1168 SW MIRROR LAKE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Change (X) Addition
Name: KEEGAN, MICHAEL
Address: 1168 SW MIRROR LAKE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA S KEEGAN D 10/30/2008
Electronic Signature of Signing Officer or Director Date