2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000125614

Title:

Name:

Address:

City-St-Zip:

Entity Name: LEGACY DEVELOPMENT GROUP INC

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
372 DE LEC MIAMI SPR		US	372 DE LEON D MIAMI SPRINGS	
Current Mailing Address:			New Mailing Address:	
372 DE LEO MIAMI SPR		US	372 DE LEON D MIAMI SPRINGS	
FEI Number:	90-0422437 FI	El Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()
Name and	Address of Curre	ent Registered Agent:	Name and Addr	ress of New Registered Agent:
PHILLIPS, C 372 DE LEC MIAMI SPR		US		
The above in the State		nits this statement for the pur	pose of changing its reg	istered office or registered agent, or both,
SIGNATUR	E: JOELLEN PH	ILLIPS		
	Electronic S	ignature of Registered Agent		Date
	e with s. 607.193(2)(
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			eceive the prior notice.	
OFFICERS	paign Financing Tru	` ,		ANGES TO OFFICERS AND DIRECTORS:
OFFICERS Title: Name: Address: City-St-Zip:	paign Financing Tru	st Fund Contribution (). RS: ete JE E		ANGES TO OFFICERS AND DIRECTORS: () Change () Addition
Title: Name: Address:	paign Financing Tru AND DIRECTOR P () Dele PHILLIPS, JOELLEN 372 DE LEON DRIVI	st Fund Contribution (). RS: ete I E E . 33166 US ete AD A ACE	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: VP Name: MOR Address: 372 D	
Title: Name: Address: City-St-Zip: Title: Name: Address:	paign Financing Tru AND DIRECTOR P () Dele PHILLIPS, JOELLEN 372 DE LEON DRIVI MIAMI SPRINGS, FL VP () Dele TARHINI, MOHAMM/ 3805 SW 167 TERR	st Fund Contribution (). RS: te I E E . 33166 US te AD A ACE 6 US te IARD J REET #110	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: VP Name: MOR Address: 372 D	() Change () Addition (X) Change () Addition GAN., MARCUS M DE LEON DRIVE

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOELLEN PHILLIPS P 10/29/2008

(X) Delete

7259 NW EXPRESSWAY STE 101

OKLAHOMA CITY, OK 73132

KORANKI, MEHRTHAT

() Change () Addition