

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000093852

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** LEGACY PROTECTION GROUP, INC.

**Current Principal Place of Business:**

2991 W. COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2991 W. COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 26-3668460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIBBS, JARN  
2991 W. COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:** JARN GIBBS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** GIBBS, JARN  
**Address:** 2991 W. COMMERCIAL BLVD  
**City-St-Zip:** FT LAUDERDALE, FL 33309

**Title:** VP  
**Name:** JOHNSON, MARCELLA  
**Address:** 2991 W. COMMERCIAL BLVD  
**City-St-Zip:** FT LAUDERDALE, FL 33309

**Title:** TRES  
**Name:** BECKFORD, STACY  
**Address:** 2991 W. COMMERCIAL BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

**SIGNATURE:** JARN GIBBS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/29/2011

\_\_\_\_\_  
Date