

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000006377

1. Entity Name
LEGENDARY MOTORCARS AND COACHWORKS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT

04

Principal Place of Business
130 NW CROWN POINT ROAD
WINTER GARDEN, FL 34787 US

Mailing Address
130 NW CROWN POINT ROAD
WINTER GARDEN, FL 34787 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004

REIN-P

CR2E098 (6/04)

MRS

4. FEI Number
59-3292800

Applied For
Not Applicable

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

ASMA, WILLIAM N ESQ.
886 S. DILLARD ST.
WINTER GARDEN, FL 34787

Name
William N. Asma Esquire

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

884 South Dillard Street

City
Winter Garden FL Zip Code
34787

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 \$150.00

After January 1, 2005, Fee will be \$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

DP
GONZALEZ, ELOY
117 OLYMPUS DRIVE
OCOE, FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
GONZALEZ, GAYE P
117 OLYMPUS DRIVE
OCOE, FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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

500042163265
10/25/04--01078--017 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #