

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P96000039429**

1. Corporation Name

**LEGACY PARTNERS GROUP, INC.**

Principal Place of Business

Mailing Address

4525 APPLETON AVE.  
JACKSONVILLE FL 32210

4525 APPLETON AVE.  
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1142 S. Edgewood Ave~~

~~1142 S. Edgewood Ave~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville**

City & State  
**Jacksonville**

Zip **32205** Country **FL**

Zip **32205** Country **FL**



**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/03/1996**

5. FEI Number

**59-3375686**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	COTTRILL, ALAN	4525 APPLETON AVENUE	JACKSONVILLE FL 32210
			600024620386 11/13/03--01011--010 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTTRILL, ALAN  
4525 APPLETON AVENUE  
JACKSONVILLE FL 32210

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

904-384-8916

Daytime Phone #

CR2040 (7/03)