


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000043813			
1. Corporation Name Legacy Consulting Inc.			
2. Principal Office Address - No P.O. Box # 677 N. Washington Blvd.		3. Mailing Office Address 677 N. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34236	Country USA	Zip 34236	Country USA
7. Name and Address of Current Registered Agent Name John Beebe Street Address (P.O. Box Number is Not Acceptable) 7350 Lockwood Ridge Rd Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida May 15, 1997 5. FEI Number 65-0754126 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Sarasota		State FL Zip Code 34243	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <i>[Signature]</i> Date 3/17/14 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Barbara Damico	5968 Rachele Dr	Sarasota, FL 34243
REINSTATEMENT			S. HAWKES
2009 / 2014			MAR 25 A.M.
			EXAMINER
10. E-mail Address: sq5988@yahoo.com (To be used for future annual report notification)			
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 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <i>[Signature]</i> 3/17/14 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

BARBARA DANKO