

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000033716**

1. Corporation Name

LEGENDS LIMITED INC

2. Principal Office Address

1890 SPRUCE CREEK

Suite, Apt. #, etc.

City & State

Daytona Bch FL

Zip

Country

32124 USA

3. Mailing Office Address

918 Ridgewood

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

Country

32117 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

4-98

5. FEI Number

59-3670681

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JULIE MAENZA

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

1890 SPRUCE CREEK CIRCLE

Suite, Apt. #, Etc.

City

Daytona Bch FL 32124

State

FL

Zip Code

32124

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **9-15-00**

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
PRES	JULIE MAENZA	Daytona Bch FL 1890 SPRUCE CREEK 32124	
VPRES	JOSEPH MAENZA	Daytona Bch FL 1890 SPRUCE CREEK 32124	
			500003417805--8 -10/06/00--01134--005 ****908.75 ****908.75

10. 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

9-15-00

Date

904-290-1248

Daytime Phone #

CR2E081 (9/99)