

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB 13 P 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744979**
1. Corporation Name **LOGIA FLORENCIO PINO & INC**

2. Principal Office Address - No P.O. Box #
910 NW 22ND AVE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip
33125

Country
FL

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida
NOV 15 1978

5. FEI Number
744979

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name **ARMAUDO SALAS AMARO**
Street Address (P.O. Box Number is Not Acceptable)
910 N.W. 22ND AVE
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33125**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
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
P.D.	LEONARDO ALPIZAR	910 NW 22 ND AVE	MIAMI FL
S.D.	GABRIEL MENDEZ	910 NW 22 ND AVE	MIAMI FL
D.D.	ROBERTO CAMPOS	910 NW 22 ND AVE	Miami FL.

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02/13/09--01039--003 **70.00

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 contained in Chapter 119, 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]* S.D. Date 02/02/09 Daytime Phone # 305-649-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR