

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117465

1. Corporation Name

LOGIPLUS INC

1382 NW 78 AVE
1382 NW 78 AVE

2. Principal Office Address

1382 NW 78 AVE

3. Mailing Office Address

1382 NW 78 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/31/02

5. FBI Number
431990646

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

TOMAS A SANTOS

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

1382 NW 78 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33126

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 10/25/04

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	TOMAS A. SANTOS	1382 NW 78 AVE	MIAMI, FL 33126
V.S	IVETTE QUINTANA	1382 NW 78 AVE	MIAMI, FL 33126
T	ANNE L. SANTOS	1382 NW 78 AVE	MIAMI, FL 33126

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)(f), 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

Date

10/25/04 305-3450780

Daytime Phone #

CR2E061 (01/04)



Procurement + Distribution + Cargo Logistics

October 26, 2004

Florida Department of State
Division of Corporations

Ref: Corporation Reinstatement
Document # P020001-17465-

To Whom It May Concern:

It has come to my attention that your department due to our failure in filing and paying the yearly corporate filing fees has dissolved our corporation, Logiplus Inc. This has not been an oversight by us, as we never received a form regarding this matter. This Problem has come to my attention by my accounting firm, which is filling our 2003 tax return. I have talked to an examiner from your office and she has told me to download a reinstatement form, submitted with a letter and a check for U.S.\$ 300.00 dollars. If you should need nay further information regarding this matter please contact us at your earliest convenience.

Very Truly Yours

A handwritten signature in black ink, appearing to read "Tomas Anibal Santos", with a stylized flourish at the end.

Tomas Anibal Santos