

2010 AIR
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 AM 11:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745036

1. Corporation Name

LOGIA PERSEVERANCIA DE CARDENAS MANUEL MAZA ESCUDERO

2. Principal Office Address - No P.O. Box #

910 N.W. 22 AVE.

3. Mailing Office Address

910 NW. 22 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL,

City & State

MIAMI, FL,

Zip

33125

Country

DADE

Zip

33125

Country

DADE

800168250048
02/08/10--01068--008 **70.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1795407

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

COBO, FRANK

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

590 NW. 126TH ST.

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33168

☐ 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

Frank Cobo

Date 02-05-2010

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	RODRIGUEZ, JOSE J.	7471 NW. 169 LANE	MIAMI, FL, 33015
T	GONZALEZ, ANEL C.	731 E. 47TH ST.	HIALEAH, FL. 33013
S	COBO, FRANK	590 NW. 126TH ST.	MIAMI, FL, 33168
			M. MILLIGAN EXAMINER
			FEB -8 2010

10. E-mail Address:

(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 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. 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.

SIGNATURE:

Frank Cobo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/10 305.8248988

Date

Daytime Phone #