


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 FEB 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2009 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *755098*

1. Corporation Name

Logia FRATERNIDAD INC.

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

910 N.W. 22 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 7-1980

5. FEI Number

755098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARMANDO SALAS AMARO

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

910 N.W. 22 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
<i>P.D.</i>	<i>ARTURO COMAS</i>	<i>910 NW 22 Ave.</i>	<i>Miami FL.</i>
<i>SD</i>	<i>CARMELLO SALGADO</i>	<i>910 NW. 22 Ave</i>	<i>Miami FL</i>
<i>TD</i>	<i>MORIS BOSAKIEWICH</i>	<i>910 N W 22 Ave.</i>	<i>Miami FL.</i>

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*02/18/09--01018--008 **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORIS BOSAKIEWICH TRE.

Date

2/9/09 305-300-7917

Daytime Phone #