

192  
READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 23 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G18245

1. Corporation Name

E3logic, Inc

2. Principal Office Address

6111 N.W. 43rd Ave

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Office Address

2194 Corte Acebo

Suite, Apt. #, etc.

City & State

Carlsbad, CA

Zip

92009

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov 11, 1983

5. FEI Number

592258656

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

John P. Wilkes, P.A.

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

901 S. Federal Hwy Suite 101

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date

5/28/03

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. V.P. Sec. Treas.	Edmund A. McGivie	2194 Corte Acebo Carlsbad, CA	Carlsbad, CA 92009
			200020425862
			06/08/03--01069--005 **300.00

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 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

5/24/03

Date

760 633-0097

Daytime Phone #

5/23

May 20, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

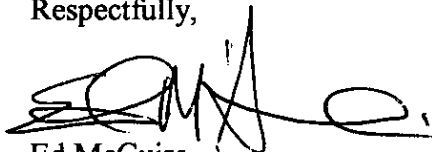
To Whom It May Concern;

On September 28, 2000 I changed the name and address of my corporation. The address change was entered into your records incorrectly, using the new street address but not changing the city and state from the original information. Subsequently I have not received or filed my corporate uniform business report for the last two years.

My accountant recently brought it to my attention, and I immediately contacted your office on how to proceed with having the corporation reinstated. I was advised to file the enclosed forms with a letter of explanation and a check for the appropriate amount.

I would greatly appreciate your timely reinstatement of this corporation and the updating of your records to reflect my current addresses. I thank you in advance for your attention to this matter.

Respectfully,



Ed McGuire  
President

RECEIVED MAY 27 2003