

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K77510

1. Corporation Name

LOGICOM, INC.

Principal Place of Business

Mailing Address

5701 PINE ISLAND ROAD
SUITE 300
TAMARAC FL 33321
US

5701 PINE ISLAND ROAD
SUITE 300
TAMARAC FL 33321
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5220 Whisper Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5220 Whisper Dr
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip 33067
Country

City & State
Coral Springs, FL
Zip 33067
Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1989

5. FEI Number

65-0111338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	HOLBACH, KEITH S.	10871 NW 29TH CT	SUNRISE FL
P	TIMOTHY C. ARNEL	5220 WHISPER DR	CORAL SPRINGS FL 33067
V	MILLER, KEITH A	209 N. ATLANTIC BLVD #17A	FT LAUDERDALE FL 33304

200004721182-4
-12/12/01--01077--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNEL, TIM
3511 W COMMERCIAL BLVD
1ST FLOOR
FORT LAUDERDALE FL 33309

Name
Arnel, Tim
Street Address (P.O. Box Number is Not Acceptable)
5220 Whisper Dr
Suite, Apt. #, Etc.

City
Coral Springs
State
FL
Zip Code
33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/12/01

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/01 *[Signature]*

CR20040 (8/01)

292

JOHN A. SMITH, P.A.

CERTIFIED PUBLIC ACCOUNTANT

MEMBER:

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

10231 WEST SAMPLE ROAD
CORAL SPRINGS PROFESSIONAL CENTER
CORAL SPRINGS, FL 33065
(954) 796-8560

November 12, 2001

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

Re: LOGICOM, INC. # K77510

Dear Sir or Madam,

I am writing you about the above corporation. The corporation recently received a notice of Administrative Dissolution or Revocation. The original Uniform Business Report was mailed together with payment on April 12, 2001. Since the report was hand delivered to the United States Post Office, we assumed that it would be delivered timely. This is the first notice that we have had that indicated there was a problem.

At this time we are respectfully requesting that the \$ 600 reinstatement fee be waived. In the future we will be sure to send them certified to insure that they will not be lost in the mail.

Respectfully submitted,



John A. Smith
Certified Public Accountant