

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000011969

1. Limited Liability Company's Name

LOGOTYPE 28, LLC

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

70 S. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

70 S. SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

USA

City & State

ORLANDO, FL

Zip

32807

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

1/29/07

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SUSANA P. RINALDI

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

70 S. SEMORAN BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/29/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	SUSANA P. RINALDI	70 S. SEMORAN BLVD	ORLANDO, FL 32807

S. HAWKES

FEB 12 2009

REINSTATEMENT

EXAMINER

2008-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

1/29/09

Daytime Phone #

407-493-9368

Typed or printed name of signing Managing Member/Manager