

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT 13 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO1885**

1. Corporation Name

LOGICNOLOGY, INC.

700023759817
10/13/03--01088--018 **\$600.00

2. Principal Office Address (change)

4401 NW 124 AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address (change)

4401 NW 124 AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1984

5. FEI Number

59-2620282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent (change)

Name

GARY BROWN

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

4401 NW 124 AVE.

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FL

State

FL

Zip Code

33065

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

[Signature]

Date

9-25-03

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 (change)	City / State / Zip
DP	GARY BROWN	4401 NW 124 AVE	CORAL SPRINGS, FL 33065

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

Date

9-25-03

Daytime Phone #

954-323-0070

CR2081 (10/02)

21 10/15

*Logicnology, Inc.
4401 NW 124th Avenue
Coral Springs, FL 33065
Ph: 954-323-0070*

October 10, 2003

Reinstatement Section
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: DOCUMENT #M01885 – LOGICNOLOGY, INC.
REQUEST TO WAIVE REINSTATEMENT FEE

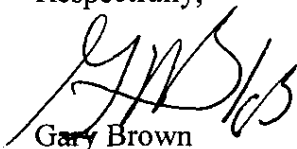
To Whom It May Concern:

We did not receive the UBR renewals for the years 2000, 2001, 2002 and 2003, therefore the above referenced corporation was involuntarily dissolved. We respectfully request that you wave the reinstatement fee due to the fact that we did not receive the 2000 renewal.

Enclosed is the reinstatement form showing our correct address. Also enclosed is our check in the amount of \$600 representing renewal fees for 2000, 2001, 2002 and 2003 (\$150 per year).

Please contact our office directly with any questions.

Respectfully,



Gary Brown
Director and President