

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000029

1. Corporation Name

LOGIA "AMERICA # 175, INC."

Principal Place of Business

124 NW 15TH AVENUE
MIAMI FL 33125

Mailing Address

124 NW 15TH AVENUE
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1992

5. FEI Number

65-0379196

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GONZALEZ, MARIA M	4110 NW 3 ST	MIAMI FL 33126
SD	BARRO, SILVIA	2180 NW SOUTH RIVER DRIVE	MIAMI FL 33125
PD	RIVERO, ESTRELLA	306 N.W. 55TH CT	MIAMI FL
TD	MARTINEZ, ELIA	12255 SW 19TH STREET	MIAMI FL
CD	TRUEBA, BEATRIZ	1225 SW 6 ST APT 2	MIAMI FL
VCD	ABREU, ALGA	190 SW 13 AVE APT 305	MIAMI FL

8. Name and Address of Current Registered Agent

RODRIGUEZ, EMILIA
5201 N.W. 7TH ST.
#602
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. Used

City

State
FL

Zip Code

33178

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

Emilia Rodriguez
REGISTERED AGENT MUST SIGN

700005283027--3

-04/16/02--01068--008

Date ***03.50***297.50

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 REQUIRED
Silvia Barro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-02

Date

Daytime Phone #

FILED

02 APR -1 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (801)