

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

RECEIVED
AND
FILED

02 JUN -6 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000012020**

1. Corporation Name

LOGOS CE CORPORATION

2. Principal Office Address

201 RUBY AVENUE

3. Mailing Office Address

201 RUBY AVENUE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34741-5698

Country

USA

Zip

34741-5698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2000

5. FEI Number

59-3628297

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 BELTRAN

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

201 RUBY AVENUE S

Suite, Apt. #, Etc.

SUITE - A

City

KISSIMMEE

State

FL

Zip Code

34741-5698

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 **5/31/02**

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
P	JOHN BELTRAN	39 LITTLE JOHN LANE	ROCKLEDGE FL 32955

8000005818378

-06/18/02--01071--001

******247.50 ****247.50**

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

Daytime Phone #

407-518-9161

CR2E081 (9/01)

ADVANCED TAX CENTRE

A Firm of Enrolled Agents

3819 Murrell Road, Suite E, Rockledge, FL 32955

James A. Naff, EA*
E. Ann Shroll, EA*
Edward F. Chambers, EA

Phone: (321) 636-8561
Fax: (321) 631-7208
E-Mail: JimNEA@AOL.com

Tuesday, May 28, 2002

Department of State
Division of Corporations
Attn: Eula
P.O. Box 6327
Tallahassee, FL 32314

Re: LOGOS CE Corporation
Document #: P00000012020
Reinstatement

Dear Eula,

Per our conversation on May 28, 2002, attached is the Corporation Reinstatement form and the check for \$238.75 plus \$8.75 for the Certificate of Status.

Please waive all other fees per our conversation as there was never any intent for the this corporation to be dissolved. My intent was for Logos CE Corporation to remain active and dissolve Beltran Behavioral Health Corporation, N01000003244.

Please apply the check you received in the amount of \$61.25 to the fee for Logos CE Corporation.

Thank you for your assistance in this matter.

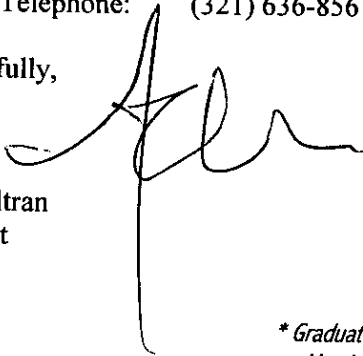
If further information is required, please contact as my agent:

Edward Chambers
Advanced Tax Centre, Inc.
3819 Murrell Road
Rockledge, FL 32955

Telephone: (321) 636-8561

Fax: (321) 631-7208

Respectfully,



John Beltran
President

** Graduate Fellow of The National Tax Practice Institute
Member: National Association of Enrolled Agents
Member: National Society of Accountants
Member: National Association of Tax Practitioners*

*Licensed to Represent Taxpayers at all Administrative Levels of the Internal Revenue Service
and State Department of Revenue.*