

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 OCT 21 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 00000085895

1. Corporation Name

Browlogic Inc.

REINSTATEMENT 2003

2. Principal Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

Suite 750

City & State

Miami FL

Zip

33131

Country

US

3. Mailing Office Address

1000 Brickell Ave

Suite, Apt. #, etc.

Suite 750

City & State

Miami FL

Zip

33131

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida

09/08/00

5. FEI Number

65-1040437

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

JOHANNES GUOMUNDSSON

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

7743 SW 178th Street

Suite, Apt. #, Etc.

Miami FL

City

Miami FL

State

FL

Zip Code

33157

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

10/14/03

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	City / State / Zip
P	JOHANNES GUOMUNDSSON	7743 SW 178th Street	Miami FL 33157
P	Pamela Perez GUOMUNDSSON	7743 178th Street	Miami FL 33157

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

308-272-1022

CF2E081 (10/02)