

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000026876**

1. Corporation Name

**LUMEN LOGIC, INC.**

Principal Place of Business

~~1110 DOUGLAS AVENUE  
SUITE 1002  
ALTAMONTE SPRINGS FL 32714~~

Mailing Address

~~1110 DOUGLAS AVENUE  
SUITE 1002  
ALTAMONTE SPRINGS FL 32714~~

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.  
**620 Daron Ct**  
City & State  
**Winter Springs, FL**  
Zip  
**32708** Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**620 Daron Ct**  
City & State  
**Winter Springs, FL**  
Zip  
**32708** Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/12/2001**

5. FEI Number

**59-3703907**

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
D	ROSS, JEROME P	620 DARON COURT	WINTER SPRINGS FL 32708

**500024384275**  
11/03/03 01001 015 \*\*150.00

8. Name and Address of Current Registered Agent

**NARDELLA, ANTHONY M JR.  
620 DARON COURT  
WINTER SPRINGS FL 32708**

9. Name and Address of New Registered Agent

Name **Jerry Ross**  
Street Address (P.O. Box Number is Not Acceptable)  
**620 Daron Ct**  
Suite, Apt. #, Etc.  
City **Winter Springs** State **FL** Zip Code **32708**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/17/03**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/17/03**

Daytime Phone #




October 28, 2003

To Whom it may concern:

Enclosed is my check for \$150.00 for reinstatement of my Florida corporation. I am appealing the \$600.00 charge because I was not aware of the previous mailings from your office and I have always complied with the request in the past when I received it. My registered agent was my attorney and somehow he never received the information or the information was lost between his office and mine.

I have changed the enclosed paperwork to reflect me as the registered agent to insure that this problem is not repeated in the future. I know that ultimately it is my responsibility to pay the annual fees on time but I ask your indulgence in this issue this year. Please inform me as soon as possible of your decision.

Respectfully submitted,

  
Jerry Ross  
Owner