

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 -7 AM 10:49

DOCUMENT # **P02000027883**

1. Corporation Name

LOGOLAND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



200024491382

Principal Place of Business

Mailing Address

140 SOUTH WOODLAWN
BARTOW FL 33830

140 SOUTH WOODLAWN
BARTOW FL 33830

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

004 **150.00

03/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0609365

Not Applicable

Zip

Country

Zip

Country

6. ☐ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DRIESLER, MARY J	645 SOUTH OAK AVE.	BARTOW FL 33830
D	DRIESLER, JOSEPH F	645 SOUTH OAK AVE.	BARTOW FL 33830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRIESLER, MARY J
140 SOUTH WOODLAWN
BARTOW FL 33830

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

Mary J Driesler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03
Date

Daytime Phone #

CR2E040 (7/03)

LOGOLAND, INC.
P.O. Box 2190
140 S Woodlawn Avenue
Bartow, FL 33831

Local: 863-534-9424
Toll Free: 888-326-7587
Fax: 863-519-0040
Email: logoland2@aol.com

October 31, 2003

MEMO

To Whom It May Concern:

This letter is in regards to the Notice of Administrative Dissolution or Revocation of our company. We never received our annual report form so we are sending in the payment of \$150.00 to have our company returned to active status. If you have any questions please don't hesitate to call me at (863) 534-9424.

Sincerely,
Melanie Hart

