

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 29 AM 8:04

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

700087356347  
02/05/07--01010--008 \*\*476.25

DOCUMENT # P02000068819

1. Corporation Name

LOGICAL GOLF, INC.

W07-2954

REINSTATEMENT 05-07

2. Principal Office Address

701 14TH ST

Suite, Apt. #, etc.

#3

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/21/02

5. FEI Number

06-1642485

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

Cristin Sweeney

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

701 14TH ST #3

Suite, Apt. #, Etc.

City

MIAMI BEACH

State  
FL

Zip Code

33139

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

*Cristin Sweeney*

REGISTERED AGENT MUST SIGN

Date

1/12/07

**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	Robert C Baker	701 14TH ST #3	MIAMI BCH, FL 33139

gc 1/30

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 contained in Chapter 119, 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

Dec 12 2007

*[Signature]*

Daytime Phone #

+1 305 790 2953

2082

January 12, 2007

Department of State  
Division of Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Logical Golf, Inc.  
Document #P02000068819

To Whom It May Concern:

This letter is regarding the corporate reinstatement for Logical Golf, Inc.

I have never received the postcard reminders from your agency to renew this corporation.

Please do not penalize the Company for this inadvertent omission due to circumstances beyond our control. Additionally, please reinstate the Corporation for both 2005 and 2006.

If you have any questions, please feel free to contact us at 786-253-9773.

Thank you in advance for your consideration.

Sincerely,



Cristin Sweeney