**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 14 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## DOCUMENT # P03000032018

**1.** Corporation Name

# Logan Industries, Inc

400115187154
01/15/08--01001--022  **193.75

**2.** Principal Office Address - No P.O. Box #
3654 W Cypress St

**3.** Mailing Office Address
Same

REINSTATEMENT 06-08

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4.** Date Incorporated or Qualified To Do Business in Florida  04/18/2003   SP

City & State
Tampa, FL

City & State

**5.** FEI Number
56-2330642

☐ Applied For
☐ Not Applicable

Zip
33607-4916

Country
Hillsborough

Zip

Country

**6.**
CERTIFICATE OF STATUS DESIRED ☐

**7.** Name and Address of Current Registered Agent

Name
Matthew A. Adkins

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Street Address (P.O. Box Number is Not Acceptable)
3654 W Cypress St

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33607-4916

**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 _____

Date  11-26-07

**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 | Mattew A. Adkins | 3654 W Cypress St | Tampa, FL 33607 |
| | | | |
| | | | |
| | | | 700112601177 |
| | | | 11/27/07--01024--014  **300.00 |
| | | | |

**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: _____

Date  11-26-07

Daytime Phone #  813-913-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR