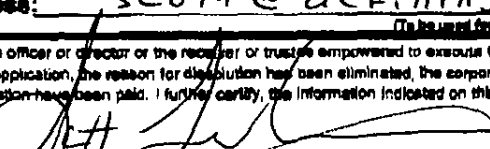


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAY 13 AM 7:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000039841					
1. Corporation Name Defining Logic, Inc.					
2. Principal Office Address - No P.O. Box # 4133 NW 67 Ter. Suite, Apt. #, etc.		3. Mailing Office Address 4133 NW 67 Ter. Suite, Apt. #, etc.		700180851117 05/13/10--01034--006 **1050.00 REINSTATEMENT 04-10	
City & State Coral Springs, FL.		City & State Coral Springs FL.		4. Date incorporated or Qualified To Do Business in Florida 04/02/2003	
Zip 33067	Country Broward	Zip 33067	Country Broward	5. FEI Number 90-0070993	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED ☐	
Name Scott Lundstrom				☒ 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) 4133 NW 67 Ter.					
Suite, Apt. #, Etc.					
City Coral Springs State FL Zip Code 33067					
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 5/10/10	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	Scott Lundstrom	4133 NW 67 Ter.	Coral Springs, FL 33067		
10. E-mail Address: scott@defininglogic.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of 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. I further certify, 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 5/10/10 Daytime Phone # 954 494 5887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					