

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 AM 10:22

600180273386
05/04/10--01046--014 **300.00

KS

DOCUMENT # P06000035520

1. Corporation Name

STINA J LOGALBO, P.A.

W10 — 22118

2. Principal Office Address - No P.O. Box #

140 South Dixie Hwy

Suite, Apt. #, etc.

916

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Office Address

140 South Dixie Hwy

Suite, Apt. #, etc.

916

City & State

Hollywood FL

Zip

33020

Country

USA

REINSTATEMENT 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03-10-2006

5. FEI Number

20-4464766

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

Stina Logalbo

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

140 South Dixie Hwy #916

Suite, Apt. #, Etc.

916

City

Hollywood FL

State

FL

Zip Code

33020

☒ PROFIT CORPORATIONS ONLY
The \$600.00 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.

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

Stina Logalbo

REGISTERED AGENT MUST SIGN

Date 4/29/10

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	Stina Logalbo	140 South Dixie Hwy #916	Hollywood FL 33020

600180273386
05/19/10--01027--003 **150.00

10. E-mail Address: Stinalog@gmail.com

(To be used for future annual report notification)

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. 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:

Stina Logalbo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10 954-598-5591

Date

Daytime Phone #