

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 AUG 10 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07000070136**

1. Corporation Name

LOGO-IT INC.

**REINSTATEMENT**

CR2E081 (11/10)

09-12

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

7875 Bird Rd.

3. Mailing Office Address

7875 Bird Rd.

Suite, Apt. #, etc.

Ste: 222

Suite, Apt. #, etc.

Ste: 222

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

Zip

33155

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/2007

5. FEI Number

46-0754324

☒ 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

JOSE HERNANDEZ

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

7875 Bird Rd.

Suite, Apt. #, Etc.

Ste: 222

City

Miami

State

FL

Zip Code

33155

000238378830  
08/10/12--01003--008 \*\*1200.00

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

(X) [Signature]

Date

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
PSD	JOSE HERNANDEZ	7875 Bird Rd. Ste: 222	Miami, FL 33155

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: (X)

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED AUG 10 2012