FILED
04 JAN 16 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12327

1. Corporation Name
Logo Holdings Corp.

REINSTATEMENT 96-03

2. Principal Office Address	3. Mailing Office Address
15851 SW 41 Street	Same
Suite, Apt. #, etc. Ste 800	Suite, Apt. #, etc.
City & State Davie, FL	City & State Same
Zip 33331 / Country USA	Zip Same / Country Same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 36-3313525 ☐ 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: Fowler, White, Burneet, PA (Elizabeth P. Johnson)

Street Address (P.O. Box Number is Not Acceptable): 100 SE 2 Street

Suite, Apt. #, Etc.: 18 Floor

City: Miami | State: FL | Zip Code: 33131

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: Elizabeth P. Johnson Date: 1/12/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Frank Rescigna	15851 SW 41 St., Ste 800	Davie, FL 33331
VP	Guillume Pottecher	15851 SW 41 St., Ste 800	Davie, FL 33331
Sec-Tr	Marcia A. Cooper	15851 SW 41 St., Ste 800	Davie, FL 33331

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 under section 119.07(3)(i), 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: Frank Rescigna Frank Rescigna, President 01/06/2004 954-349-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

CORPORATION REINSTATEMENT

LOGO HOLDINGS CORP.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,958.75

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