PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING ... P.02

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000035

1. Corporation Name ACTIVE LOGIC,INC.

Principal Place of Business	Mailing Address
1624 VanBuren St Hollywood, Fl 33020	1624 VanBuren Street Hollywood, Fl. 33020

REINSTATEMENT 95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
11410 NW 29th St.	300 N.W. 82nd Ave.#506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise Fl	City & State: Plantation Fl 33324
Zip: 33323 Country	Zip: 33324 Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/4/93 AD

6. FEI Number: 65-0377426 ☐ Applied For ☐ Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,S	McArthur Spicer	11410 NW29th St.	Sunrise, Fl. 33323

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5. Name and Address of Current Registered Agent

McArthur Spicer
1624 VanBuren St
Hollywood, Fl. 33020

9. Name and Address of New Registered Agent

Name: McArthur Spicer
Street Address (P.O. Box Number is Not Acceptable): 11410 NW 29th St.
Suite, Apt. #, Etc.:
City: Sunrise State: FL Zip Code: 33323

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: McArthur Spicer Date: 3/30/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.