PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 OCT 31 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088573**

1. Corporation Name

PRO LOGIC, INC.

Principal Place of Business	Mailing Address
10106 ROSEBROOK CT. TAMPA FL 33615	10106 ROSEBROOK CT. TAMPA FL 33615

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5708 S. Plum Bay	5708 S. Plum Bay PKwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: TAMARAC, FL.
Zip: 33321 Country: BROWARD	Zip: 33321 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1993

5. FEI Number: 59-3213253 ☐ Applied For ☐ Not Applicable

6. 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
PD	ARIAS, MANUEL A	10106 ROSEBROOK CT.	TAMPA FL 33615
VSD	ARIAS, MARIA	10106 ROSEBROOK CT.	TAMPA FL 33615
			600001998596--3 11/07/96--01020--010 ****375.00 ****375.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

ARIAS, MANUEL A
10106 ROSEBROOK CT.
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name: Manuel A. ARIAS
Street Address (P.O. Box Number is Not Acceptable): 5708 S. Plum Bay PKwy
Suite, Apt. #, Etc.:
City: TAMARAC State: FL Zip Code: 33321

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: SIGNATURE REQUIRED Date: 10-25-96
REGISTERED AGENT MUST SIGN

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

12. 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: SIGNATURE REQUIRED 10-12-96 954-7205071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)