

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088573

1. Corporation Name

Pro Logic Inc.

2. Principal Office Address
1521B Windorah Hwy

3. Mailing Office Address
1521B Windorah Hwy

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suit B

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33411

Country

USA

Zip

33411

Country

USA

REINSTATEMENT 03-04

600033586806
04/22/04--01060--007 **608.75

**4. Date Incorporated or Qualified
To Do Business in Florida** Dec. 31, 1993

5. FEI Number
59-32113253

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

Manuel Arias

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

13168 Temple Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

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**

Manuel Arias
REGISTERED AGENT MUST SIGN

Date April 20, 2004

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
Presd	Manuel Arias	13168 Temple blvd	West Palm Beach/FL/33412

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:

Manuel Arias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2004 561-792-6478

Date

Daytime Phone #

CR2E081 (01/04)

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April 20, 2004

Pro Logic Inc.
Document Number: P93000088573

Florida Department of State:

My business address has not change. If I had received a bill, I would have paid it.
Please, wave my re-instatement fee. I did not receive a bill for 2001. Included is a check
for US\$608.75 with the re-instatement application.

Thank you
Pro Logic Inc.
Manuel Arias

Manuel A. Arias
President