

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95060074262

1. Corporation Name

Logos Applications Inc.

W99-25626

Principal Place of Business

Mailing Address

333 East 49th Street, Apt. 3C
New York, NY 10017

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FFI Number

65-0609743

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Joseph Mancino	333 East 49th Street Apt 3C	New York, NY 10017

000002383910-3
-12/26/97-01115-007
****915.00 ****
915.00

JB
12-14-97

8. Name and Address of Current Registered Agent

James G. Mullin
2263 N.W. Boca Raton Blvd.
#205
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name Dona G. Toole
Street Address (P.O. Box Number is Not Acceptable)
38047 Pasco Avenue
Suite, Apt. #, Etc.

City Dade City

State FL Zip Code 33525

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

THE REGISTERED AGENT MUST SIGN

Date 10/22/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Mancino

Date

10/22/97

Daytime Phone #

2127597815

CP25040 (12-95)