

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 DEC 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 74262

1. Corporation Name

LOGOS APPLICATIONS, INC.

Principal Place of Business

Mailing Address

~~333-E, 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

37951 MERIDIAN AVENUE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

37951 Meridian Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0609773

Applied For

Not Applicable

City & State

DADE CITY, FL

City & State

Dade City FL

Zip

33525

Country

USA

Zip

33525

Country

USA

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	401 HOLLYWOOD AVENUE	TUCKAHOE, NY 10707

300002721013-4
-12/23/98-01065-011
***750.00 ***750.00

REINSTATEMENT

98

FL

12-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANA G. TOOLE, P.A.
38047 PASCO AVENUE
DADE CITY, FL 33525

Name

DANA G. TOOLE, P.A.

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

37951 MERIDIAN 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

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Date

12/4/98

Daytime Phone #

914779-4800

CR2E040 (1/98)