

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 22 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P950000 88876

1. Corporation Name

Logos 4 U, Inc.

2. Principal Office Address

30599 US Hwy 19 N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip 33684 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-95

5. FEI Number

59-3348633

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

James R. Humphrey

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

4222 Preserve Place

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

James R. Humphrey

REGISTERED AGENT MUST SIGN

Date 6-19-00

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

P James R. Humphrey 4222 Preserve Pl.
Palm Harbor, FL 34685

VP Edwina B. Humphrey 4222 Preserve Pl.
Palm Harbor, FL 34685

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:

James R. Humphrey

JAMES R HUMPHREY

6-19-00

Date

Daytime Phone #

727
7843220