

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 AM 10:03

DOCUMENT #

1. Corporation Name

LOGIC POWER, INC.

P980000 24465

2. Principal Office Address
17145 NW 23 STREET

Suite, Apt. #, etc.

City & State.
PEMBROKE PINES, FLORIDA

Zip
33028

Country
USA

3. Mailing Office Address
17145 NW 23 STREET

Suite, Apt. #, etc.

City & State.
PEMBROKE PINES, FLORIDA

Zip
33028

Country
USA

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida 03/16/1998

5. FEI Number
650824325

☒ 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
PRESLEY, DAVID

Street Address (P.O. Box Number is Not Acceptable)
17145 NW 23 STREET

Suite, Apt. #, Etc.

City
PEMBROKE PINES, FLORIDA

State
FL

Zip Code
33028

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

REGISTERED AGENT MUST SIGN

Date 4/20/2004

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
P/D	Presley, David	17145 N.W. 23 St	Pembroke Pines, FL 33028
			06/24/04--01023--009 **500.00
			000038233740 06/24/04--01023--010 **500.00
			000038233740 06/24/04--01023--011 **358.55

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:

DAVID PRESLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2004 (305) 243-6505
Date Daytime Phone #

CR2E081 (01/04)