

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR -3 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024465

1. Corporation Name

LOGIC POWER, INC.

REINSTATEMENT

0507

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8249 NW 36TH ST

3. Mailing Office Address

Same

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

Zip
33166

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

5. FEI Number
65-0824325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

10.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

M&C ACCOUNTING SERVICES, INC.

Principal Address (P.O. Box Number is Not Acceptable)
8249 NW 36TH ST SUITE

Suite, Apt. #, Etc.

210

City
DORAL

State
FL

Zip Code
33166

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/30/07**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DANIELEDE CUPIS	8585 NW 6TH LANE # 106	MIAMI, FL 33126
VP	RICARDO BERROCAL FERNANDEZ	8585 NW 6TH LANE # 106	MIAMI, FL 33126
D	DAVID PRESLEY	8585 NW 6TH LANE # 106	MIAMI, FL 33126

000095917020
04/15/07-01055-009 **450.00

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 contained in Chapter 119, 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:

D. Presley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytime Phone #