

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 26 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086306

1. Corporation Name

Logos Light, INC

2. Principal Office Address
2337 Savannah Hwy3. Mailing Office Address
2337 Savannah Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Charleston, SC

City & State

Zip Country
29414 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Gustavo Gutierrez

Street Address (P.O. Box Number is Not Acceptable)
2964 Aviation AveSuite, Apt. #, Etc.
Suite 300

City Coconut Grove

State
FLZip Code
33133

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 4-24-06

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
PD	Pedro J Marin	2337 Savannah HWY	Charleston, SC 29414
VD	Alfonso J Marin	2337 Savannah HWY	Charleston, SC 29414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO MARIN

Date

Daytime Phone #

4-24-06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 064102 80406A

AUTHORIZATION :

COST LIMIT : \$ 1200.00

ORDER DATE : April 26, 2006

ORDER TIME : 10:46 AM

ORDER NO. : 064102-005

CUSTOMER NO: 80406A

DOMESTIC FILINGS

NAME: LOGOS LIGHT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

FILE
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TALLAHASSEE, FLORIDA

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