

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 23 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G18245**
1. Corporation Name
E3logic, Inc

2. Principal Office Address
6111 N.W. 43rd Ave
Suite, Apt. #, etc.

3. Mailing Office Address
2194 Corte Acebo
Suite, Apt. #, etc.

City & State
Coconut Creek, FL
Zip
33073 Country
USA

City & State
Carlsbad, CA
Zip
92009 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
Nov 11, 1983

5. FEI Number
592258656 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
John P. Wilkes, P.A.

Street Address (P.O. Box Number is Not Acceptable)
901 S. Federal Hwy Suite 101

Suite, Apt. #, Etc.

City
Fort Lauderdale State
FL Zip Code
33316

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 **[Signature]** Date **5/28/03**

REGISTERED AGENT MUST SIGN

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 |
|------------------------------|-----------------------------------|--|--------------------------------------|
| Pres. VP. Sec. Treas. | Edmund A. McGivie | 2194 Corte Acebo Carlsbad, CA | Carlsbad, CA 92009 |
| | | | 200020425862 |
| | | | 06/08/03--01069--005 **300.00 |
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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]** Date **5/24/03** Daytime Phone # **760 633-0097**

SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23

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May 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

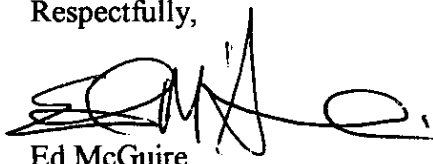
To Whom It May Concern;

On September 28, 2000 I changed the name and address of my corporation. The address change was entered into your records incorrectly, using the new street address but not changing the city and state from the original information. Subsequently I have not received or filed my corporate uniform business report for the last two years.

My accountant recently brought it to my attention, and I immediately contacted your office on how to proceed with having the corporation reinstated. I was advised to file the enclosed forms with a letter of explanation and a check for the appropriate amount.

I would greatly appreciate your timely reinstatement of this corporation and the updating of your records to reflect my current addresses. I thank you in advance for your attention to this matter.

Respectfully,



Ed McGuire
President

RECEIVED MAY 27 2003