PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 02 OCT 11 PM 2: 34	
DOCUMENT # F0000005418 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDS	
Logical Link, In 2. Principal Office Address 4302 H. Belline Road	3. Mailing Office Address 4322 N. Beltline Road	HEINSTATEMENT_ 0\-02	
Suite, Apt. #, etc. City & State Triva, T	Suite, Apt. #, etc. City & State LYVIVA TY	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For	
Zip Country USA.	15038 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of State	uired
Name Copitol Corporate Services The Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St. 10/31/02014 **150 00 Suite, Apt. #, Etc. City State Zip Code FL 32303 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 On the Agent Agent Agent On the Ag			
9. Names and Street Addresses of Each Officer and	GISTERED AGENT MUST SIGN //or Director (Florida nonprofit corporations must list at lea		_ ³
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	h Over 10 vers	1
See Attorned		70:0008721957 10/31/0201002015 **758.75	
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 filling 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 Date Dat			

As of 10/8/2002

Logical Link, Inc.

✓ <u>Directors</u>

Dana A. Gordon

Director

Primary Address:

1360 Post Oak Blvd.

Suite 2100

Houston, Texas 77056

James H. Haddox

Director

Primary Address:

1360 Post Oak Blvd.

Suite 2100

Houston, Texas 77056

Derrick A. Jensen

Director

Primary Address:

1360 Post Oak Blvd.

Suite 2100

Houston, Texas 77056

Officers

Jim R. Fangman

President

Primary Address:

Logical Link, Inc.

4322 Beltline Road, Ste. B212

Irving, Texas 75038

√Dana A. Gordon

Vice President

Primary Address:

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Suite 2100

Houston, Texas 77056

Dana A. Gordon

Assistant Secretary

Primary Address:

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Suite 2100

Houston, Texas 77056

✓ Nicholas M. Grindstaff

Treasurer

Primary Address:

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Suite 2100

Houston, Texas 77056

/James H. Haddox

Vice President

Primary Address:

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James H. Haddox

Assistant Secretary

Primary Address:

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Directors / Officers Report

3053 As of 10/8/2002

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