

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003447

1. Corporation Name

12 TECHNOLOGIES US, INC.

Principal Place of Business

Mailing Address

11701 LUNA ROAD
DALLAS TX 75234

11701 LUNA ROAD
DALLAS TX 75234



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-2126250

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	SIDHU, SANJIV	11701 LUNA ROAD	DALLAS TX 75234
P	SIDHU, SANJIV	11701 LUNA ROAD	DALLAS TX 75234
DVS	DONOHOO, ROBERT C	11701 LUNA ROAD	DALLAS TX 75234
DV	BEECHER, WILLIAM M	11701 LUNA ROAD	DALLAS TX 75234
AS	LINEBARGER, DOUGLAS A	11701 LUNA ROAD	DALLAS TX 75234

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name: _____
Street Address (P.O. Box Number is Not Acceptable): **500024533675**
Suite, Apt. #, Etc.: **11/13/03 01025 013 **750.00**
City: _____ State: **FL** Zip Code: _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Michael E. Jones
REGISTERED AGENT MUST SIGN

Michael E. Jones
Assistant Secretary

Date

11-10-03

11. 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:

Robert C. Donohoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Donohoo
SVP / General Counsel

Date

10/31/03

Daytime Phone #

469-357-6586

CR2E040 (7/03)