

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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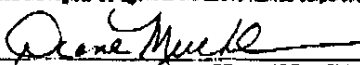
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000026720					
1. Corporation Name Lexxus International Inc.					
2. Principal Office Address 2050 Diplomat Drive			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Dallas, TX			City & State		
Zip 75234	Country USA	Zip	Country		

REINSTATEMENT 05-06
CR2001 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	03/14/2001
5. FEI Number 593780460	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, etc.	
City Tallahassee	State FL Zip Code 32301

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 		Date 6/9/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
No.	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	Chris T. Sharng	2050 Diplomat Drive	Dallas, TX 75234
2	Gary C. Wallace	2050 Diplomat Drive	Dallas, TX 75234
3			
4			
5			
6			
			200076396182 06/20/06--01062--018 **900.00

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.; 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: 	Chris Sharng 6-9-06 (92) 244-480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR	Date

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