

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
05 APR 27 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000001780

1. Corporation Name  
LEXOR HOLDINGS, INC.

2. Principal Office Address  
17011 BEACH BLVD.

3. Mailing Office Address  
17011 BEACH BLVD.

Suite, Apt. #, etc.  
1230

Suite, Apt. #, etc.  
1230

City & State  
HUNTINGTON BEACH, CA

City & State  
HUNTINGTON BEACH, CA

Zip Country  
92647 USA

Zip Country  
92647 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/04/2002

5. FEI Number  
820197257

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name  
THOMAS J. CRAFT, JR.

Street Address (P.O. Box Number is Not Acceptable)  
319 CLEMATIS ST.

Suite, Apt. #, Etc.  
713

City  
WEST PALM BEACH

State Zip Code  
FL 33401

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

4/25/05

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
P/S/T/D	HENRY D. FAHMAN	17011 Beach Blvd., Suite 1230	Huntington Beach, CA 92647

600054306286  
05/12/05--01005--016 \*\*908.75

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 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

4/25/05

Date

714-843-5455

Daytime Phone #

T. Roberts APR 27 2005

CR2E081 (01/05)