2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000062908

1. Entity Name
LEXZAR CORPORATION

FILED
05 DEC 23 AM 11:29
SEC
TALL

12162005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2701 S. BAYSHORE DRIVE SUITE 605 MIAMI, FL 33133	2701 S. BAYSHORE DRIVE SUITE 605 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
9100 S. DADELAND BLVD.	9100 S. DADELAND BLVD.
Suite, Apt. #, etc. SUITE #905	Suite, Apt. #, etc. SUITE #905
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip / Country 33156 MIAMI-DADE	Zip / Country 33156 MIAMI-DADE

4. FEI Number
54-2113167
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, DICK R
2701 S. BAYSHORE DRIVE
SUITE 605
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
GUILLERMO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
10729 SW 104th STREET
City MIAMI **FL** Zip Code 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 12-19-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, DICK R 2701 S. BAYSHORE DRIVE SUITE 605 MIAMI, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERT TRAIL 9100 S. DADELAND BLVD. SUITE #905 MIAMI, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000052521000 12/30/05--01067--013 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILLERMO BAKULA 9100 S. DADELAND BLVD. SUITE #905 MIAMI, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12/27/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-19-05 (305) 279-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT TRAIL