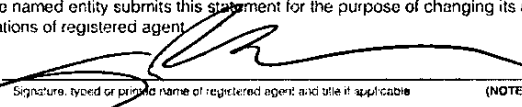
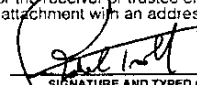


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000062908 1. Entity Name LEXZAR CORPORATION						FILED 05 DEC 23 AM 11:20 SE TAL	
Principal Place of Business 2701 S. BAYSHORE DRIVE SUITE 605 MIAMI, FL 33133				Mailing Address 2701 S. BAYSHORE DRIVE SUITE 605 MIAMI, FL 33133			
2. Principal Place of Business 9100 S. DADELAND BLVD.				3. Mailing Address 9100 S. DADELAND BLVD.			
Suite, Apt. #, etc. SUITE #905				Suite, Apt. #, etc. SUITE #905			
City & State MIAMI FLORIDA				City & State MIAMI FLORIDA			
Zip 33156		Country MIAMI-DADE		Zip 33156		Country 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  DATE 12-19-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
-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 D ☒ Delete NAME LEE, DICK R STREET ADDRESS 2701 S. BAYSHORE DRIVE SUITE 605 CITY-ST-ZIP MIAMI, FL 33133				TITLE PD ☐ Change ☒ Addition NAME ROBERT TRAIL STREET ADDRESS 9100 S. DADELAND BLVD. SUITE #905 CITY-ST-ZIP MIAMI, FL 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 (30T) 279-1288			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			
ROBERT TRAIL							