


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18771 1. Entity Name LOGICA NORTH AMERICA, INC.	
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Principal Place of Business 10375 RICHMOND AVENUE SUITE 1000 HOUSTON, TX 77042 US	Mailing Address 10375 RICHMOND AVENUE SUITE 1000 HOUSTON, TX 77042 US
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REINSTATEMENT 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10282008 REIN-P CR2E098 (1/07)

4. FEI Number 13-3306288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301
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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: Jane S. Kray JANE S. KRAYER 11/03/08
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, 2009, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LEWSLEY, MICHAEL <input type="checkbox"/> Delete 3503 GOLDEN TERRACE CT KATY, TX 77494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MESLER, AMANDA <input type="checkbox"/> Delete 55 HOLLINGERS ISLAND KATY, TX 77450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL LEWSLEY 3503 GOLDEN TERRACE CT, KATY, TX 77494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition AMANDA MESLER 55 HOLLINGERS ISLAND, KATY, TX 77450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRYAN K. WALL 4607 LAKE KNOLL CT, SUGAR LAND, TX 77459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500138076775 11/19/08--01021--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bryan K. Wall BRYAN K. WALL 10/30/2008 713-954-7000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

JC 11/13