
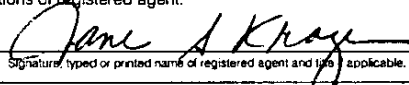
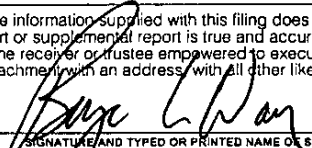


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18771					
1. Entity Name LOGICA NORTH AMERICA, INC.					
Principal Place of Business 10375 RICHMOND AVENUE SUITE 1000 HOUSTON, TX 77042 US			Mailing Address 10375 RICHMOND AVENUE SUITE 1000 HOUSTON, TX 77042 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3306288	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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. KRAYER		11/03/08	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LEWSLEY, MICHAEL 3503 GOLDEN TERRACE CT KATY, TX 77494	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MICHAEL LEWSLEY 3503 GOLDEN TERRACE CT, KATY, TX 77494	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MESLER, AMANDA 55 HOLLINGERS ISLAND KATY, TX 77450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D AMANDA MESLER 55 HOLLINGERS ISLAND, KATY, TX 77450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BRYAN K. WALL 4607 LAKE KNOLL CT, SUGAR LAND, TX 77459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138076775 11/19/08--01021--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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		10/30/2008 713-954-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

REINSTATEMENT 08



10282008 REIN-P CR2E098 (1/07)

Zip Code
32301

FL

City
TALLAHASSEE

1201 HAYS STREET

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

Name
CORPORATION SERVICE COMPANY

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

4. FEI Number
13-3306288

City & State

City & State

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Mailing Address

2. Principal Place of Business - No P.O. Box #

Mailing Address

Principal Place of Business

DOCUMENT # P18771

1. Entity Name
LOGICA NORTH AMERICA, INC.