PS 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 19 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 361713

REINSTATEMENT 03-04

1. Corporation Name

LEX CORP., CO-OP

2. Principal Office Address		**3.** Mailing Office Address	
501 79th STREET		501 79th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33141	Country: MIAMI-DADE	Zip: 33141	Country: MIAMI-FL.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-1289029 — Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name: CARLOS MACEDO

Street Address (P.O. Box Number is Not Acceptable): 9745 MILLER DRIVE

400033093624
04/19/04--01068--009 **300.00

Suite, Apt. #, Etc.:

City: MIAMI — State: FL — Zip Code: 33165

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: _____ Date: 04/14/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	JULIAN CUEVA	501 79th STREET, #1	MIAMI BEACH, FL 33141

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: Julian Cueva — 04/14/04 — 305-692-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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pg 2 of 2

C & S International Group, Inc.

CONFIDENCE & SECURITY * CONFIANZA Y SEGURIDAD
ACCOUNTING – INCOMETAX – NOTARY PUBLIC

Miami, April 14, 2004

Florida Department of Revenue
Uniform Business Report Fillings
Division of Corporation
P. O. Box 6327
Tallahassee, FL. 32314

REF.- 2003 Uniform Business Report
DOCUMENT 361713
F.E.I. 59-1289029

Gentleman:

Enclosed please find a ck. # 5187 on the amount of $300.00 to cover the annual fees for the years 2003 and 2004 for this corporation.

With this we are requesting the wave of the penalty for non-filing the Annual Report on time for the above years due to the following reasons:

1. - The president of this corporation had an accident during the year 2002 and was disable for the rest of the year and until now.

2. - Mr. Cueva has never received the UBR during this time.

3. - We are requesting the wave after speaking with your office this morning and to fallow we are sending the check to cover the two years 2003 and 2004.

Enclose please find a Reinstatement form for this corporation.

Thank you in advance for your help to solve this matter and if you need any additional information please do not hesitate to call our office at nay time.

Sincerely,

Carlos Macedo
President

9745 Miller Drive, Miami, FL 33165
Tel. 305/412-0829 * Fax 305/412-0864 * Toll Free 1/888/399-4845
E-Mail: CMacedo@aol.com