

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -4 PM 12:14

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000046407

1. Corporation Name  
Lex-Worth-Korp, Inc.

2. Principal Office Address - No P.O. Box # 4602 Oak Leaf Dr.		3. Mailing Office Address 480 E. Wilson Bridge Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite C	
City & State Naples, FL		City & State Worthington, OH	
Zip 34119	Country USA	Zip 43085	Country USA

400130725054  
06/04/08--01015--013 \*\*1050.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 6/21/94

5. FEI Number 65-0498813  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  
Kelly, Charles M Jr.

Street Address (P.O. Box Number is Not Acceptable)  
2390 Tamiami Trail North

Suite, Apt. #, Etc.  
Suite 204

City  
Naples

State  
FL

Zip Code  
34103

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 5-27-08  
REGISTERED AGENT MUST SIGN

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
D	Deborah K Karl	762 Autumn Lane	Powell OH 43065
D	Glenn W Liebert	20 New Albany Farm Rd	New Albany OH 43054

REINSTATEMENT 06-08

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 contained in Chapter 119, 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: GLENN W. LIEBERT MAY 27, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 614-885-7900