

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H83707

1. Corporation Name

LEXEL PUBLISHING COMPANY, INC.

Principal Place of Business

2304 EAST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

2304 EAST FLETCHER AVENUE
TAMPA FL 33612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1985

5. FEI Number

59-2613522

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	BAUER, LESLIE I.	619 RIVERHILLS DR	TAMPA FL
P	GIFFORD, DOROTHY A.	22440 STILLWOOD DRIVE	LAND O LAKES FL
			400002376014--9 -12/17/97--01119--031 ****165.00 ****165.00
			400002376014--9 -12/17/97--01119--032 ****585.00 ****585.00

8. Name and Address of Current Registered Agent

GOLD, AARON J.
GOLD & RESNICK, P.A.
703 SWANN AVE.
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Aaron J. Gold, Esquire

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

Gold & Resnick, P.A.

Suite, Apt. #, Etc.

704 West Bay Street

City

Tampa

State

FL

Zip Code

33606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/9/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Gifford

12/9/97

Date

Daytime Phone #

813-977-0100

FILED

97 DEC 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)