

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 11:51

SECRETARY OF STATE,
TALLAHASSEE FLORIDA

DOCUMENT # L01000021424

1. Limited Liability Company's Name
Lexi Financing, LLC

900025454829
12/12/03--01039--001 **175.00

2. Principal Office Address
5301 N. Federal Highway

3. Mailing Office Address
5301 N. Federal Highway

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State
Boca Raton

City & State
Boca Raton

Zip
FL

Country
USA

Zip
33487

Country
USA

4. State/Country of Formation
Florida USA

**5. Date Organized or Qualified
To Do Business in Florida** 12/10/2001

6. FEI Number 65-1156986

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Kathy Tomasso

Street Address (P.O. Box Number is Not Acceptable)
5301 N. Federal Highway

Suite, Apt. #, Etc.
Suite 120

City
Boca Raton

State
FL

Zip Code
33487

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/10/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Anthony Tomasso	5301 N. Federal Highway, Ste. 120	Boca Raton, FL 33487
MGRM	Kathy Tomasso	5301 N. Federal Highway, Ste. 120	Boca Raton, FL 33487

REINSTATEMENT

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager**

[Signature]
Anthony Tomasso

Date 12/10/03

Daytime Phone# 561-997-5770

Typed or printed name of signing Managing Member/Manager

Anthony Tomasso

CR2E041 (10/02)