

L01000021948

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 29 AM 11:16
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000021948**

1. Limited Liability Company's Name

LEXUS HOLDINGS LLC

BK

900013527579
07/14/03--01001--009 **50.00

2. Principal Office Address

6210 VIATIERRA

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33433

Country

USA

3. Mailing Office Address

6210 VIATIERRA

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33433

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/18/01

6. FEI Number

03-0397013

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

SEVI YARIV

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

6210 VIA TIERRA

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

2/27/03

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
MEM	JOSEPH YARIV	500 SE MISNER BLVD #PH9	BOCA RATON FL 33432
MEM	RON WEXLER	6210 VIA TIERRA	BOCA RATON FL 33433

REINSTATEMENT 2002-2003

BK

11. I certify that I am managing member/manager or 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

Date

2/27/03

Daytime Phone #

561-289-2995

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)