

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000013104
Name and Mailing Address

0001871 01 AT 0.292 **AUTO TB 0 0615 32256-071212



LEX PARTNERS LLC
8433 SOUTHSIDE BLVD. SUITE 1612
JACKSONVILLE FL 32256-0712



1/2/04 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/29/2002	
Principal Place of Business 8433 SOUTHSIDE BLVD. SUITE 1612 JACKSONVILLE FL 32256	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 26-0077 03	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 no longer my agent (4/04) as of →		9. Name and Address of New Registered Agent Name Amy Elizabeth Friedman Street Address (P.O. Box Number is Not Acceptable) 8433 Southside Blvd. #1612 City Jacksonville FL Zip Code 32256	
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10. 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 Amy Elizabeth Friedman
REGISTERED AGENT MUST SIGN

Date 12/28/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VAN TARTWK AMY Amy Elizabeth Friedman Managing Partner	8433 SOUTHSIDE BLVD. SUITE 1612	JACKSONVILLE FL 32256
700025900927 12/31/03--01061--007 **230.00			
REINSTATEMENT 2003-2004			

12. 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

Amy Elizabeth Friedman

Date 12/28/03

Daytime Phone #

904-636-2609
404-928-0259

Typed or printed name of signing Managing Member/Manager

Amy Elizabeth Friedman