

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

03 NOV -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028488

Name and Mailing Address

0013087 01 AT 0.292 \*\*AUTO T7 0 0615 33496-204199



LEXI MANAGEMENT LLC  
2901 CLINT MOORE RD., BOX 277  
BOCA RATON FL 33496-2041

900024419069  
11/04/03--01062--011 \*\*5.00



2. New Mailing Address

530 SOUTH FEDERAL HIGHWAY, SUITE 205

City, State, Zip

DEERFIELD BEACH, FL 33441

Principal Place of Business

2901 CLINT MOORE RD., BOX 277  
BOCA RATON FL 33496

3. New Principal Place of Business Address

530 SOUTH FEDERAL HIGHWAY  
SUITE 205  
City, State, Zip  
DEERFIELD BEACH, FL 33441

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

10/25/2002

6. FEI Number

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

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH ST.  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name EDWARD FEDERMAN

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

5224 PRINCETON WAY

City

BOCA RATON

FL

Zip Code

33496

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

Edward J. Federman

REGISTERED AGENT MUST SIGN

Date NOVEMBER 2, 2003

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
MEM	EDWARD FEDERMAN	5224 PRINCETON WAY	BOCA RATON, FL 33496
	DIANE J. FEDERMAN	5224 PRINCETON WAY	BOCA RATON, FL 33496

900024419069  
11/04/03--01062--010 \*\*150.00

REINSTATEMENT

03-015  
dce

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

Edward J. Federman

Date NOV. 2, 2003 Daytime Phone # 561 542 4491

Typed or printed name of signing Managing Member/Manager