

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026404

1. Limited Liability Company's Name

Lexington 14, LLC

2. Principal Office Address - No P.O. Box #

115 Timberlachen Circle

Suite, Apt. #, etc.

1001

City & State

Lake Mary, Florida

Zip

32746

Country

United States

3. Mailing Office Address

115 Timberlachen Circle

Suite, Apt. #, etc.

1001

City & State

Lake Mary, Florida

Zip

32746

Country

United States

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

07/13/2003

6. FEI Number

470937859

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Sidney L. Vihlen, III, Vihlen & Associates, P.A.

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

1485 International Parkway

Suite, Apt. #, Etc.

1031

City

Heathrow

State

FL

Zip Code

32746

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

Date

3-30-09

REGISTERED AGENT MUST SIGN

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
MM	Waheeda Bharwani	115 Timberlachen Cir. Ste 1001	Lake Mary, FL. 32746

REINSTATEMENT

2007-09

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

3-30-09

Daytime Phone #

407-509-9766

Typed or printed name of signing Managing Member/Manager

Waheeda Bharwani