PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 JUN -6 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100286507851
06/03/16--01013--016 **238.75

CR2E081 (11/10)

DOCUMENT # L12000140586

1. Corporation Name
LEXINGTON DESIGN + FABRICATION EAST, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
613 TRIUMPH CT	12660 BRANFORD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT 1	
City & State	City & State
ORLANDO FL	LOS ANGELES CA
Zip / Country	Zip / Country
32805 / U.S.A.	91331 / U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/2012

5. FEI Number: 46-1347360 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID PIPER

Street Address (P.O. Box Number is Not Acceptable): 613 TRIUMPH CT.

Suite, Apt. #, Etc: UNIT 1

City: ORLANDO | State: FL | Zip Code: 32805

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 4/19/16
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RICHARD BENCIVENGO	12660 BRANFORD ST.	LOS ANGELES CA 91331
VP	FRANK BENCIVENGO	12660 BRANFORD ST.	LOS ANGELES CA 91331

REINSTATEMENT
JUN 6 2016
R. HUNT

10. E-mail Address: DPiper@lex-usa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, that information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Richard Bencivengo 4/18/16 (818)768-5768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #