


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 14 PM 12:26

DOCUMENT # N00000005823	
1. Entity Name LEXINGTON PARK ASSOCIATION, INC.	

Principal Place of Business 2120 RONALD REAGAN BLVD LONGWOOD, FL 32750	Mailing Address 2120 RONALD REAGAN BLVD LONGWOOD, FL 32750
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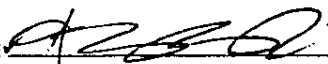
2. Principal Place of Business - No P.O. Box # 901 Douglas Ave Suite, Apt. #, etc. Suite 206 City & State Altamonte Springs FL Zip 32714 Country Seminole	3. Mailing Address 901 Douglas Ave Suite, Apt. #, etc. Suite 206 City & State Altamonte Springs FL Zip 32714 Country Seminole
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01062009 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3715493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANJI, MEHBUB 2120 RONALD REAGAN BLVD LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name Jay Chaudhrai Street Address (P.O. Box Number is Not Acceptable) 901 Douglas Ave Ste 206 Altamonte Springs City FL Zip Code 32714
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

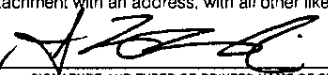
SIGNATURE:  DATE: 1-7-09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 1/7/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR