

CORPORATION
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 10 PM 12:07

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
DOCUMENT # *FO1000024723*

1. Corporation Name

Lexxis Financial Group, Inc.

2. Principal Office Address

*1900 West Commercial Blvd
Ft. Lauderdale, FL 33309*

Suite, Apt. #, etc.

119

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

3. Mailing Office Address

*9920 S Grand
Duke Circle, Tamarac, FL
33321*

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

*US*4. Date Incorporated or Qualified
To Do Business in Florida*3/9/01*

5. FEI Number

65-1084260

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

SPiegel & Utrera, P.A.

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

343 Almeida Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

10/9/02

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
<i>P</i>	<i>Fidel Michael Owens</i>	<i>9920 S Grand Duke Circle, Tamarac, FL</i>	<i>Tamarac, FL 33321</i>
<i>T</i>	<i>Fidel Michael Owens</i>	<i>9920 S Grand Duke Circle</i>	<i>Tamarac, FL 33321</i>
<i>S</i>	<i>Fidel Michael Owens</i>	<i>9920 S. Grand Duke Circle</i>	<i>Tamarac, FL 33321</i>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Fidel Michael Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 229 1669