-

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REINS   | PORATI<br>STATEM                                   | ENT      |                    | DIVI                     | Secretary<br>SION OF C                     | y of State<br>ORPORATION |                 | 05  | 17 11 5 JUL 1           | 8 AM      | 8։ 47              | <b>\</b>                      |              |
|---|--|----------|--------------------|--------------------------|--|--------------------------|-----------------|---|-------------------------|-----------|--------------------|-------------------------------|--------------|
| 1. Corporat   | ion Name   |          | POJOC<br>RTI,:     |                          | ,646                                       | 3                        |                 |   | F. C. C.                |           |                    |                               |              |
| 2. Principal Office Address 3. Mailing Office Address 3. Mailing Office Address 3. Dakland Park Blud. 3090 W. Dakland Park  |  |          |                    |                          |  |                          |                 | BETHS   | TAT                     | EM        | ENY                | <u>ე</u>                      | 3-0 <u>5</u> |
| Suite, Apt. #, etc.   |  |          |                    | Suite, Apt. #, etc.      |  |                          |                 | 4. Date incorp                                      | -                       | odiena (  | 5-11               |                               | 14           |
| City & State Dakland Park, FL   |  |          |                    | City & State MARGATE, FL |  |                          |                 | 5. FEI Number 65-1116274 Applied For Not Applicable |                         |           |                    |                               |              |
| 333   | s#   | Country  | US                 | <sup>zip</sup> 330       | 63   | Country                  | US              | 6. CERTIFICATE                                      | OF STATUS               | DESIRED [ |                    | ditional Fee<br>ertificate of | required     |
|   | 7. Name and Address of Current Registered Agent    |          |                    |                          |  |                          |                 |   |                         |           |                    |                               |              |
|   | Name AGNES DASILVA                                 |          |                    |                          |  |                          |                 |   |                         |           |                    |                               |              |
|   | Street Address (P.O. Box Number is Not Acceptable) |          |                    |                          |  |                          |                 |   | AVE                     | NOE       | <del>.</del>       |                               |              |
|   | Suite, Apt.  |          |                    |                          |  |                          |                 |   |                         |           |                    |                               |              |
|   | city $\ell$  | 7A       | R GA               |                          | State FL                                   | Zip Code                 | 3306            | ,3  |                         |           |                    |                               |              |
| Signature of Registered Agent Date S/12/05  |  |          |                    |                          |  |                          |                 |   |                         |           |                    | CR2E081 (01/05)               |              |
| 9. Names  | and Street A                                       | ddresses | of Each Officer ar | nd/or Director (Flo      | orida nonpro                               | ofit corporation         | ns must list at | least 3 directors)                                  |                         |           | ••••               |                               |              |
| Titles  | Name of Officers and/or Directors                  |          |                    |                          | Street Address of E<br>Officer and/or Dire |                          |                 | or City   |                         |           | y / State / Zip    |                               |              |
| D   |  |          | DA SI              |                          |  |                          | 76+17           |   | ļ                       | Vgat      |                    | L<br>3306                     | ,3           |
| D   | Ror  | n E C    | DAS                | STLVA                    | 310  | ONW                      | 76th 6          | BURNOE  | MA                      | RGF       | ), 3T <del>(</del> | 3 <i>3c</i>                   | دمارڪ        |
|   |  |          |                    |                          |  | ··-                      |                 |   |                         |           |                    |                               |              |
|   |  |          |                    |                          |  |                          |                 | 07 <b>718</b>                                       |                         | 76±       | 597<br>06 **       | 1<br>600.0                    | 0            |
|   |  |          |                    |                          |  |                          |                 | 1 C<br>   | )005<br><del>/050</del> | 761       | 597<br>**          | '1<br>•450.ï                  | )0           |
|   |  |          |                    |                          |  |                          |                 |   |                         |           |                    |                               |              |
| 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: SIGNATURE: S/12/05 954 444 7094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #   |  |          |                    |                          |  |                          |                 |   |                         |           |                    |                               |              |

## LEXYMARTI, INC. 2090 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311

(954) 444-7094

May 11, 2005

Re: Lexymarti, Inc.

Document # P01000066463

To Whom It May Concern:

Agnes Jasilion

1050.00

Enclosed please find a check in the amount of \$450.00 and a completed reinstatement form to bring my corporation to a current and active status. I had never received any correspondence from your office to renew for the year 2003 and subsequently my corporation was dissolved.

Please waive the penalty to reinstate; I always file all documents in a timely matter.

Thank you for your help and consideration with this matter.

Sincerely,

Agnes Dasilva