

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122500

1. Corporation Name

LEX ENTERTAINMENT, INC.

Principal Place of Business

4714 N. HABANA AVE.
APT. 3004
TAMPA FL 33614

Mailing Address

4714 N. HABANA AVE.
APT. 3004
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOHNSON, MARLIN	4714 N. HABANA AVE. APT 3004	TAMPA FL 33614
V	STARKS, REECHE	4449 TARPON DR.	TAMPA FL 33617

700008935147
11/12/02 01074 003 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, MARLIN
4714 N. HABANA AVE.
APT. 3004
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CF2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Marlin Johnson REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/02

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., 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:

Marlin Johnson REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02 (813) 727-0734

LEX ENTERTAINMENT INC.
4714 N. HABANA AVE. #3004
TAMPA, FL
(813) 727-0734

To whom it may concern,

LEX Entertainment Inc. would like to apologize for the late return of the (UBR) uniform business report. Unfortunately we have not receive any prior notification of the (UBR), until receiving this notice, my next door neighbor found in his mail box, informing us of possible administrative dissolution or revocation. We ask State of Florida Department of State to consider reinstatement of LEX Entertainment Inc. Thank you, for your time and cooperation.

Sincerely,



Marlin Johnson
President