

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000005655

1. Corporation Name
LEXICO, INC.

FILED

08 OCT 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box # 300 SW 1st Ave		3. Mailing Office Address 300 SW 1st Ave	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL	
Zip 33301	Country US	Zip 33301	Country US

4. Date Incorporated or Qualified To Do Business in Florida 01/13/2003
5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Marcia Tenhundfeld

Street Address (P.O. Box Number is Not Acceptable)
300 SW 1st Ave

Suite, Apt. #, Etc.
202

City
Ft Lauderdale

State
FL

Zip Code
33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Marcia Tenhundfeld* Date 9/23/08
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	Marcia Tenhundfeld	300 SW 1st Ave #202	Ft Lauderdale, FL 33301

800136311738
09/24/08--01041--001 *\$1200.00

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 contained in Chapter 119, 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: *Marcia Tenhundfeld* Date 9/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RC 10/23