# 2011 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2011**
**Secretary of State**

DOCUMENT# P07000006118

**Entity Name:** LEXICON THERAPY, INC.

**Current Principal Place of Business:**

1077 AMANDA KAY CIRCLE
SANFORD, FL 32771

**New Principal Place of Business:**

710 SEA GULL AVE
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P.O. BOX 47037
LAKE MONROE, FL 327470373 US

**New Mailing Address:**

710 SEA GULL AVE
ALTAMONTE SPRINGS, FL 32701

**FEI Number: 20-8308374** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAUCH, KAREN
1775 W SR 434, SUITE 28
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

MORAN, LAURA L
710 SEA GULL AVE
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: LAURA LEE MORAN 09/30/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: MORAN, LAURA L
Address: 710 SEA GULL AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LEE MORAN OWNE 09/30/2011
Electronic Signature of Signing Officer or Director Date