

2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000032902

1. Entity Name
LEX MARKETING GROUP, INC.



FILED

08 NOV 10 AM 8:53

Principal Place of Business
8160 BAY MEADOWS WAY W
SUITE 190
JACKSONVILLE, FL 32256 US

Mailing Address
8160 BAY MEADOWS WAY W
SUITE 190
JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03/10/08 90066 020 \$150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT08

4. FEI Number

20-8728030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MARLON
8160 BAY MEADOWS WAY W,
SUITE 190
JACKSONVILLE, FL 32256

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,P
BROWN, MARLON
8160 BAY MEADOWS WAY W, SUITE190
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,T
BROWN, MARLON
8160 BAY MEADOWS WAY W, SUITE 190
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
S
BROWN, MARLON
8160 BAY MEADOWS WAY W SUITE 190
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlon Brown : 10-23-08 (904) 446-9527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CC 11/13

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New York Checkpoint Systems, Inc.

149-01 Veterans Memorial Highway, Suite D

Commack, New York 11725

Telephone: (631) 864-1758

Fax: (631) 864-2768

October 23, 2008

To Whom It May Concern;
Re: Lex Marketing Group, Inc.

My name is Gail Williams and I am the bookkeeper for Lex Marketing Group, Inc. On March 5, 2008 I issued a check payable to Florida Department of State in the amount of \$150.00 and submitted a 2008 annual report. The check has cleared the bank but Lex Marketing Group was dissolved due to the application missing the FEI number. I know this because I contacted the state after viewing online at Sunbiz.org that the corporation is "inactive."

Please use this letter as a request to reinstate the corporation. We would greatly appreciate it.

Please don't hesitate to contact me should you have any questions.

Thank you in advance,

Sincerely;

Gail Williams

