

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000025639

1. Corporation Name

LEXI'S UNIQUE BOTIQUE, INC.

Principal Place of Business

Mailing Address

4780 SWEETMEADOW CIRCLE
SARASOTA FL 34238

4780 SWEETMEADOW CIRCLE
SARASOTA FL 34238

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4146 Westbourne Circle
Suite, Apt. #, etc.

4146 Westbourne Cir.
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34238

Country

Zip

34238

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1999

5. FEI Number

45-0904986

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEAN R. HENDRICK	4146 WESTBOURNE CIRCLE	SARASOTA, FL 34238

700004481187--8

-07/17/01--01081--018

***308.75 ***308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDRICK, JEAN
4780 SWEETMEADOW CIRCLE
SARASOTA FL 34238

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of Registered Agent

JEAN R. HENDRICK

Date

5-15-07

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-01 941-968-4987

FILED

01 MAY 31 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2000-01UBR

CR2E040 (8/00)