## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	NSTATEMENT		Sec	DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED   Oct 29, 2008 8:00 A.M   Secretary of State			
DOCUMENT # VOB245  1. Corporation Name  Lexion Home Companion of It Landerdale, The  Rodal Palm Sen: on Residence of FT. Lendardale, The							•		
5121NEIS TERRACE 512			5121NE	All NE 18 Tange			CR2E081 (10/08)		
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.	ite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 0 1-2 2-1992		
City & State  FT L AUDER DALE FL.  Zip  Country  Zip  Zip				MDERDALE F		5. FEI Number Applied For Not Applied by Not Applicable			
<i>3</i> 33	08 U.SI	4.	<i>333</i>	08	V.SA.	6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent									
Name DIANE LAZURE  Street Address (P.O. Box Number is Not Acceptable)  2830NE 30 STREET  Suite, Apt. #, Etc.  # 2  City FILANDERDALE 71.33306  FL 33306						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 Date / 0-38-08  REGISTERED ASSIST 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 / St	ate / Zip	
PRES	) IANE LAZURE			2830 NEBO STREETHO		FLHAUDERZ	ALEF133366		
						91 11/0	<del>0013773</del> 9 /080102601	# <b>099</b> 0 **350.00	
	REINS	TATI	EME	IT_			0013773 <del>7/08 01026-</del> 0		
		R	H			21 11/0	D <b>O1377</b> 39 7708=-0102601	9142 2 **500.00	
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 filling 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 paye the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #									
	SKIMATURE AN	u i treu ur prij	HIED NAME OF SIG	UNIV OFFICE	ER OR DIRECTOR		Date Da	ytime Phone #	