

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION: FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Hamilton Secretary of State DIVISION OF CORPORATIONS</p>																									
<p>DOCUMENT #</p>																											
<p>1. Corporation Name Adi Craft Associates, Inc.</p>																											
<p>Principal Place of Business 6100 Dutchman's Lane Tenth Floor Louisville, KY 40205</p>		<p>Mailing Address (same)</p>																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																											
<p>2. New Principal Office Address, If Applicable 546 East Main Street Suite, Apt. #, etc.</p>		<p>3. New Mailing Office Address, If Applicable 546 East Main Street Suite, Apt. #, etc.</p>																									
<p>City & State Lexington, Kentucky Zip 40508 Country USA</p>		<p>City & State Lexington, Kentucky Zip 40508 Country USA</p>																									
<p>4. Date Incorporated or Qualified To Do Business in Florida 6/20/77</p>		<p>5. FEI Number 59-1716313</p>																									
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D, P</td> <td>Roy C. Hamlin, Jr.</td> <td>7108 Fairway Drive, Suite 100</td> <td>Palm Beach Gardens, FL 33418</td> </tr> <tr> <td>D</td> <td>Joyce Myers</td> <td>301 Route 17 North, Suite 600</td> <td>Rutherford, NJ 07070</td> </tr> <tr> <td>D, S</td> <td>David H. Kelsey</td> <td>546 East Main Street</td> <td>Lexington, KY 40508</td> </tr> <tr> <td>D</td> <td>W. James Host</td> <td>546 East Main Street</td> <td>Lexington, KY 40508</td> </tr> <tr> <td>D</td> <td>Chares L. Jarvie</td> <td>12221 Merit Drive</td> <td>Dallas, TX 75251</td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	D, P	Roy C. Hamlin, Jr.	7108 Fairway Drive, Suite 100	Palm Beach Gardens, FL 33418	D	Joyce Myers	301 Route 17 North, Suite 600	Rutherford, NJ 07070	D, S	David H. Kelsey	546 East Main Street	Lexington, KY 40508	D	W. James Host	546 East Main Street	Lexington, KY 40508	D	Chares L. Jarvie	12221 Merit Drive	Dallas, TX 75251
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<p>8. Name and Address of Current Registered Agent Chris Demaio 4102 Holly Drive Palm Beach Gardens, FL 33410</p>		<p>9. Name and Address of New Registered Agent Roy C. Hamlin, Jr. Street Address (P.O. Box Number is Not Acceptable) 7108 Fairway Drive Suite, Apt. #, Etc. Suite 100 City Palm Beach Gardens State FL Zip Code 33418</p>																									
<p>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 X <i>Roy C. Hamlin Jr.</i> REGISTERED AGENT MUST SIGN Date 11/26/97</p>																											
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																											
<p>12. 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.</p>																											
<p>SIGNATURE: X <i>Roy C. Hamlin Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roy C. Hamlin Jr. 11/26/97 561 625-1610 Date Daytime Phone #</p>																											

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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