

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN -8 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

F04000000942

**1. Corporation Name**

Isleworth Partners, Inc.

800084663538  
01/17/07--01012--012 \*\*450.00

**2. Principal Office Address**

1031 Zorn Ave.

Suite, Apt. #, etc.

400

City & State

Louisville, KY

Zip

40207

Country

USA

**3. Mailing Office Address**

1031 Zorn Ave.

Suite, Apt. #, etc.

400

City & State

Louisville, KY

Zip

40207

Country

USA

**REINSTATEMENT** 05-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
200663950

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

REGISTERED AGENT 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 / State / Zip
C	Steve Diamond	8311 Corydon Cir.	Louisville, KY 40222
DP	Mark A. Vogt	15127 Meadow Farms Ct.	Louisville, KY 40245
DVPTS	Joseph R. Peters	15219 Crystal Spring Way	Louisville, KY 40245

**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 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 contained in Chapter 119, 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

1/3/07

Date

(502) 410-6200

Daytime Phone #

K. Eckel JAN 08 2007



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ISLEWORTH PARTNERS, INC.  
1031 Zorn Avenue, Suite 400 • Louisville, Kentucky 40207  
phone 502.410.6200 • fax 502.568.1271

January 3, 2007

Department of State  
Division of Corporations  
Reinstatement  
PO Box 6327  
Tallahassee, FL 32314

Dear Department of Reinstatement:

Enclosed is our application for reinstatement as a corporation in the state of Florida along with \$450 for our fees for 2005, 2006, and 2007. When we originally applied our attorney was in Georgia and he has since left the firm and moved. We have also changed our address in May 2004, which has resulted in our not receiving the notification in September 2005.

Since we were not informed and not aware of the need to reapply our status has since become inactive. We would like to be in active status and to have our information changed to the address on the form submitted so that we may receive future notifications.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph R. Peters".

Joseph R. Peters  
Vice President and Secretary/Treasurer