	S	PLEASE READ A	ALL INST	RUCTI	ONS BEFORE	COMPLET	ING THIS FORM.			
REINSTATEMENT					IMENT OF STATE of State DRPORATIONS		FILED 07 JUL 10 PM 2:3	•		
1. Corpora	ition Name	# <b>F92000</b> ASSOCIATES, INC.	00061	42	SECRETARY LI LIATE TALLAHASSEE, FLORIDA					
2. Principal Office Address - No P.O. Box #       3. Mailing O         201 SUMMIT VIEW DRIVE       210 SUM         Suite, Apt. #, etc.       Suite, Apt. #,         SUITE 115       SUITE 115				MIT VIE	s W DRIVE	4. Date Incorporated or Qualified To Do Business in Florida 12/11/03				
City & State         City & State           BRENTWOOD         BRENTW           Zip         Country         Zip           37027         USA         37027				OOD, TN  Country USA		<b>5.</b> FEI Numb	5. FEI Number         Applied For           61-1169202         Not Applicable			
		7. Name and Address of	Current Regis	tered Agen	t	1				
Name CT CORPORATION SYSTEM							☐ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH PINE ISLAND ROAD						the pr	circumstances which the entity did not receive the prior notices. By checking this box, you			
Suite, Apt.	#, Etc.					receiv	ertifying the prior notices were ved and requesting the reinstate			
City PLANT	ATION				State Zip Code 33324	fee b <u>e</u> 877	fee be wajved D5629943 07/24/0701023024 **1650.00			
<b>8.</b> I, being Signature o Registered	of \	and kee	ve named corpo	C A	ROL RECC		Date July 6th, 20	007		
9. Names	and Street A	ddresses of Each Officer and	Vor Director (Flo	rida nonpro	fit corporations must list a	least 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PRES	STEPHEN BARRY				MMIT VIEW DR.,	SUITE 115	BRENTWOOD, TN 37027			
SE/TR	E/TR JEANNIE POWELL				MMIT VIEW DR.,	SUITE 115	BRENTWOOD, TN 37027			
DIR	IR DEBBIE SCOPPECHIO				ST JEFFERSON S	Γ.	LOUISVILLE, KY 40202			
DIR RICHARD DUFFY				437 WEST JEFFERSON ST.			LOUISVILLE, KY 40202			
DIR	STEPHEN BARRY				MMIT VIEW DR.,	SUITE 115	BRENTWOOD, TN 37027			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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