

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F97000005032 <b>1. Corporation Name</b> HURSTBOURNE ORLANDO, INC.			
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
201 W. Short Street		201 W. Short Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 800		Suite 800	
City & State		City & State	
Lexington, KY		Lexington, KY	
Zip	Country	Zip	Country
40507	USA	40507	USA

**FILED**  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** *08-01*

**4. Date Incorporated or Qualified To Do Business in Florida** 9/25/97

**5. FEI Number** 31-1564406 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: W. Scott Callahan, Esq.

Street Address (P.O. Box Number is Not Acceptable): 37 North Orange Avenue

Suite, Apt. #, Etc.: Suite 200

City: Orlando

State: FL Zip Code: 32801

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**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: *[Signature]* Date: 9/7/01

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
Pres. / Shar.	Wm. Craig Turner	201 W. Short St., Suite 800	Lexington, KY 40507
Sec. / Shar.	Richard C. Ekhoﬀ	201 W. Short St., Suite 700	Lexington, KY 40507
Treas. / Shar.	Gayle Y. Sherrod	201 W. Short St., Suite 500	Lexington, KY 40507
Shar.	Madonna Turner	201 W. Short St., Suite 800	Lexington, KY 40507
			LS

**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 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]* Wm. Craig Turner, President 9/6/01 859/225-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)