


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

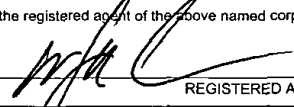
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 10 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F97000005032					
1. Corporation Name HURSTBOURNE ORLANDO, INC.					
2. Principal Office Address 201 W. Short Street Suite, Apt. #, etc. Suite 800 City & State Lexington, KY Zip 40507 Country USA		3. Mailing Office Address 201 W. Short Street Suite, Apt. #, etc. Suite 800 City & State Lexington, KY Zip 40507 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 9/25/97	
				5. FEI Number 31-1564406 Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

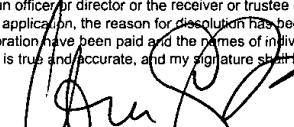
98-01

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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***1208.75 ***1208.75

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 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. Ekhoft	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:  Wm. Craig Turner, President 9/6/01 859/225-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #