

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 8:50

DOCUMENT # L01000015867

1. Limited Liability Company's Name

911 Management, LLC

2. Principal Office Address

509 Somerset Bridge Rd

Suite, Apt. #, etc.

3. Mailing Office Address

509 Somerset Bridge Rd

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459-6425

Country

USA

Zip

32459-6425

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

09/17/2001

6. FEI Number

59-3746033

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Melissa M. Turner

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

509 Somerset Bridge Rd

Suite, Apt. #, Etc.

City

Santa Rosa Beach

000073714870

05/02/06 01035-025 **30.00
FL 32459-6425

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Melissa M. Turner

REGISTERED AGENT MUST SIGN

Date 3/29/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Melissa M. Turner	509 Somerset Bridge Road	Santa Rosa Beach, FL 32459-6425
MGRM	Frank O. Keener	49020 Cedros Circle	LaQuinta, CA 92253
MGRM	Michael M. Fleishman	3500 National City Tower, 101 So. Fifth St	Louisville, KY 40202
MGRM	James A. Patterson	10000 Shelbyville Rd, Suite 11	Louisville, KY 40223

REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Melissa M. Turner

Date 3/29/06

Daytime Phone # 931-967-0611

Typed or printed name of signing Managing Member/Manager

Melissa M. Turner