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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000013958

03 DEC -9 AM 9:32

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016210 01 MB 0.309 **AUTO TO 0 0615 40218-290426


 BECH INVESTMENTS, LLC
 3726 BISHOP LANE
 LOUISVILLE KY 40218-2904


2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/03/2002	
Principal Place of Business 3726 BISHOP LANE LOUISVILLE KY 40218	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DUFFY, REBECCA C 108 VALRICO STATION ROAD APT. #8 VALRICO FL 33594		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 000025337270 12/09/03--01010--012 FL **150.00	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

CR2034 (7/03)

10. 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	John E. Fifer	5207 MOCCASIN TR.	LOUISVILLE, KY 40207
Pres	ROBERT G. HERNANDEZ	6802 SPRING LAUNCH	LOUISVILLE, KY 40291
V.P.	DAVID CRAWLEY	5104 HUNTERS POINT CIRCLE	LOUISVILLE, KY 40216
Sec.	CHRIS BRUTSCHER	5913 LEON WAY	LOUISVILLE, KY 40214
REINSTATEMENT 2003			

12. 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

MANA LIFE REQUIRED

Date 11-13-03 Daytime Phone # 502-966-4114

Typed or printed name of signing Managing Member/Manager

John B. Fifer