

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 14 PM 1:38

DOCUMENT # L04000020767

1. Limited Liability Company's Name

DKY PROPERTIES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1600 SCOTTSVILLE ROAD

Suite, Apt. #, etc.

SUITE 101

City & State

BOWLING GREEN, KY

Zip

42104

Country

USA

3. Mailing Office Address

PO BOX 391

Suite, Apt. #, etc.

City & State

BOWLING GREEN, KY

Zip

42102

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3/17/2004

6. FEI Number

20-1129860

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

KAREN MCCARTHY

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

160 JACKSONS RUN

Suite, Apt. #, Etc.

G-3

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Haun M. Cully
REGISTERED AGENT MUST SIGN

Date 5-7-08

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
MEMR	WILLIAM B. NORMAN	PO BOX 391	BOWLING GREEN, KY 42102

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05/12/08--01056--016 **416.25

REINSTATEMENT 2006-08

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

William B. Norman

Date 5/7/08

Daytime Phone # 270-784-1972

Typed or printed name of signing Managing Member/Manager

WILLIAM B. NORMAN