

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 104-78799

1. Limited Liability Company's Name

Bluegrass Investment Team, LLC

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

2421 Fortune DR.

Suite, Apt. #, etc.

#150

City & State

Lexington, KY

Zip

40509

Country

USA

3. Mailing Office Address

P.O. Box 55194

Suite, Apt. #, etc.

City & State

Lexington, KY

Zip

40555-5194

Country

8. Name and Address of Current Registered Agent

Name

Larry P. Becker JR

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

4507 Furling Lane #108

Suite, Apt. #, Etc.

City

Destin,

State

FL

Zip Code

32541

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

We moved February 2005

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

REGISTERED AGENT MUST SIGN

Date

4/30/08

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
<u>managing member</u>	<u>Daren TURNER</u>	<u>2421 Fortune DR. #150</u>	<u>Lexington, KY 40509</u>

REINSTATEMENT

05-08

300128341793
05/02/08--01043--016 **555.00

300128341793
05/02/08--01043--017 **100.00

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

Date

4/29/06

Daytime Phone #

859-255-9546

Typed or printed name of signing Managing Member/Manager

DAREN TURNER

2008 MAY -2 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
300128341793
05/02/08--01043--016 **555.00

CR2E041 (12/07)