

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

06 OCT 12 AM 10:03

DOCUMENT # L05000122198

1. Limited Liability Company's Name

Kentucky Central Energy Partners, LLC

2. Principal Office Address

411 Lighthouse Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

411 Lighthouse Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/23/2005

6. FEI Number

204317142

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

E.H.G. Registered Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

State
FL

Zip Code

33486

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/06

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	Guy Lindley	411 Lighthouse Drive	Palm Beach Gardens, FL 33410

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**

[Signature]

Date 10/10/06

Daytime Phone # 561-427-8895

Typed or printed name of signing Managing Member/Manager

Guy Lindley