FILED

15 JAN 28 AM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000020010

1. Limited Liability Company's Name
SNS Enterprises LLC
2550 Blankenbaker Parkway
Louisville Ky. 40299

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
	P.O. Box 34170
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Louisville	City & State: KY 40232
Zip / Country	Zip / Country

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 3/10/2004

6. FEI Number: 14-1752515 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

REINSTATEMENT

2010-215

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Connie Burge Date: 1/28/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MR	Matthew W. OTT	2550 Blankenbaker Pkwy	Louisville KY 40299
MR	Thomas F McGuire	"	"
MR	Dick Beaven	3033 Ohio Drive Ohio	Henderson Ky. 42420

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Matthew W Ott Date: 1/28/15 Daytime Phone #: 502-454-8203

Typed or printed name of signing Authorized Representative/Manager: _____

JAN 28 2015

M. WILLIAMS

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
SNS ENTERPRISES, LLC

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