PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

DOCUMENT # L06000089265

1. Limited Liability Company's Name
Shine 3, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
535 W. Second St	P.O. Box 1486
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Lexington, KY	City & State Lexington, KY
Zip 40508 Country USA	Zip 40588 Country USA

4. State/Country of Formation Florida/USA
5. Date Organized or Qualified To Do Business in Florida 9/11/06
6. FEI Number 20-5547471 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
Suite, Apt. #, Etc.: Suite #250
City: Plantation State: FL Zip Code: 33324

☐ 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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — Date: 12-9-2009
REGISTERED AGENT MUST SIGN

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	Al Harrington	535 W. Second St. #300	Lexington, KY 40508
MGR	Sam K. Brown	535 W. Second St #300	Lexington, KY 40508

REINSTATEMENT 2007, 2008, 2009
CWS MC 12/18

11. E-mail Address: jderrickson@radwanbrown.com ✓
(To be used for future annual report notification)

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: [signature] Date: 12-9-09 Daytime Phone #: 859-233-4146

Typed or printed name of signing Managing Member/Manager: Sam K. Brown