

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

10 MAY -3 AM 10:33

DOCUMENT # **L07000074974**

1. Limited Liability Company's Name

**Derby City Investors of Louisville,
LLC**

600177293636
04/23/10--01009--028 **416.25

CR2E041 (11/09)

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

Grand Panama Resort

Suite, Apt. #, etc.

Tower 1, Condo 502

3. Mailing Office Address

Grand Panama Resort

Suite, Apt. #, etc.

Tower 1, Condo 502

City & State **11826 Front Beach Rd.**

Panama City Beach, FL

Zip

32407

Country

USA

City & State **11826 Front Beach Rd.**

Panama City Beach, FL

Zip

32407

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/19/2007

6. FEI Number

26-0563504

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

John D. Hatch, P.C.

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

1267 Berkshire Lane,

Suite, Apt. #, Etc.

Suite 200

City

Tarpon Springs

State

FL

Zip Code

34688

☒ 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

John D. Hatch

REGISTERED AGENT MUST SIGN

Date **2-26-10**

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 | Theodore W. Funk | 816 Foxfire Drive | Louisville, KY 40223 |
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REINSTATEMENT **2008-10**

11. E-mail Address: **thefunkmeisters@insightbb.com**

(To be used for future annual report notifications)

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

Theodore W. Funk

Date **2/22/10**

Daytime Phone #

502-426-6051

Typed or printed name of signing Managing Member/Manager

Theodore W. Funk