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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L98000002392

Name and Mailing Address

0016220 01 MB 0.309 **AUTO TO 0 0615 40509-186399



GULF COAST FORT MYERS, L.L.C.
160 PROSPEROUS PLACE
LEXINGTON KY 40509-1863



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/19/1998	
Principal Place of Business 160 PROSPEROUS PLACE LEXINGTON KY 40509	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 61-1337652	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 1-1-04 REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VETTRAINO, LOUIS H	160 PROSPEROUS PLACE	LEXINGTON KY 40509
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. REINSTATEMENT 03 <i>[Signature]</i> SIGNATURE REQUIRED Date 1-1-04 Daytime Phone # 858-263-0055			
Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)