

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

RECEIVED OCT 2 1984
DIVISION OF CORPORATIONS

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1. DOCUMENT # M02000001818

Name and Mailing Address

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COGAN BROS. - PREVATT, LLC
1706 BARDSTOWN ROAD, 2ND FL
LOUISVILLE KY 40205-1212



2. New Mailing Address		4. State/Country of Formation KY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
Principal Place of Business 1706 BARDSTOWN ROAD, 2ND FL LOUISVILLE KY 40205	3. New Principal Place of Business Address		6. FEI Number 40-4927666
	City, State, Zip		6. Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COGAN, CHRISTOPHER G 631 NORTH WYMORE ROAD, STE. 200 MAITLAND FL 32751		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 <u><i>Christopher G. Cogan</i></u> SIGNATURE REQUIRED Date <u>10-23-03</u> 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
MGRM	COGAN, KEVIN D	1706 BARDSTOWN ROAD, 2ND FL	LOUISVILLE KY 40205
400024567844 11/10/03--01083--002 **150.00 REINSTATEMENT <u>03</u> <i>dec</i>			

CR2E084 (7/03)

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 REQUIRED

Date 10-23-03

Daytime Phone # 502-846-2888

Typed or printed name of signing Managing Member/Manager

Kevin Coogan