

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

2003 NOV 12 PM 1:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003079

Name and Mailing Address

0016217 01 MB 0,309 **AUTO TO 0 0615 40503-190551



MICAH GROUP, LLC
274 SOUTHLAND DRIVE, SUITE 201
LEXINGTON KY 40503-1905



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|---|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation KY | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/20/2002 | |
| Principal Place of Business 274 SOUTHLAND DRIVE, SUITE 201 LEXINGTON KY 40503 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 52-2166182 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32302 | | 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) 500024621125 11/13/03--01014--005 **150.00 | |
| | | 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 11/7/03 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 | JAMISON, AARON | 274 SOUTHLAND DRIVE, SUITE 201 | LEXINGTON KY 40503 |
| MGR | GARLAND, ROBERT | 274 SOUTHLAND DRIVE, SUITE 201 | LEXINGTON KY 40503 |
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| REINSTATEMENT 2003 | | | |

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 10/22/03

Daytime Phone # 257/260-7760

Typed or printed name of signing Managing Member/Manager