2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2006 APR -7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001416

1. Entity Name
NEW HORIZONS ENERGY, L.L.C.

Principal Place of Business	Mailing Address
207 SYCAMORE HILLS COURT LOUISVILLE, KY 40245	207 SYCAMORE HILLS COURT LOUISVILLE, KY 40245

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2. Principal Place of Business	3. Mailing Address
207 La Vista Dr.	P.O. Box 24190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Nashville, TN	Gallows Bay, St. Croix
Zip: 37215 Country: USA	Zip: 00824 Country: U.S.V.I.

03232006 REIN-LLC CR2E101 (11/05)

4. FEI Number: 76-0545168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia L. Harris — Cynthia L. Harris as its agent — 4/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 166 RESEARCH, INC. 207 SYCAMORE HILLS COURT LOUISVILLE, KY 40245	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 166 Research, Inc. 207 La Vista Dr. Nashville, TN 37215	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEW HORIZONS, LLC 444 REGENCY PARKWAY DRIVE OMAHA, NE 68114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400069747414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005-2006	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/7/06 (615) 292-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC.

CORPORATION SERVICE COMPANY

M03000001416

ACCOUNT NO. : 072100000032

REFERENCE : 971718 7455691

AUTHORIZATION :

COST LIMIT : $100.00

ORDER DATE : April 7, 2006

ORDER TIME : 1:36 PM

ORDER NO. : 971718-005

CUSTOMER NO: 7455691

REINSTATEMENT

NAME: NEW HORIZONS ENGERGY, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS _____

RECEIVED
06 APR -7 PM 2:40
DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA