


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000000108		
1. Entity Name KENTUCKY PINES, L.L.C.		

Principal Place of Business 5800 S. HARVEY OKLAHOMA CITY, OK	Mailing Address 5800 S. HARVEY OKLAHOMA CITY, OK
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
09 JUL 23 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

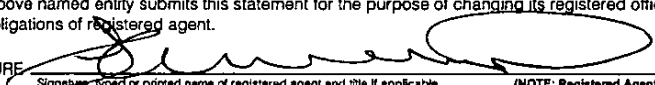


06102008 REIN-LLC CR2E101 (1/07)

4. FEI Number 73-1521274		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CALLAWAY, LAWRENCE C III, ESQ 21 NORTHEAST FIRST AVE. OCALA, FL 34471		7. Name and Address of New Registered Agent Name Callaway, Lawrence C. III, Esq. Street Address (P.O. Box Number is Not Acceptable) 333 N.W. 3rd Avenue City Ocala FL Zip 34475	
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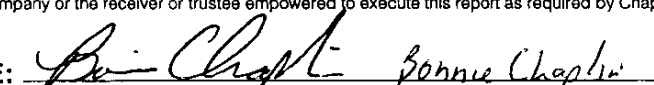
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 7/16/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPLIN, BONNIE A 1700 SOUTH OCEAN BLVD., CRISTILLE 4-B POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900133090279 07/17/08--01036--008 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  7/8/08 954/776-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #