

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 10 AM 9:15

DOCUMENT # M99000000363

1. Limited Liability Company's Name

MIDWEST PROPERTIES, LLC

9/29/00

UBR-00-50.00  
UBR-01-50.00  
Rein - 100.00  
CUS - 5.00  
255.00 KP

**REINSTATEMENT** 2000-01

2. Principal Office Address

2000 TODDS POINT RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SIMPSONVILLE KY

City & State

Zip

40067

Country

USA

4. State/Country of Formation

KENTUCKY / USA

5. Date Organized or Qualified  
To Do Business in Florida

3/9/99

6. FEI Number

61-13235394

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

400004474994 --9

Name

CT CORPORATION SYSTEM

-07/13/01--01072--021

\*\*\*\*205.00 \*\*\*\*205.00

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. 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

*Susan J. Metze*

**Susan J. Metze**

Assistant Secretary

Date

July 3, 2001

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR. MR.	PAUL M. BAKER	2000 TODDS PT. RD.	SIMPSONVILLE, KY 40067
MR.	JOHN P. FRANCIS	5832 BRITTANY WOODS CIR.	LOUISVILLE, KY 40222
MR.	JAMES C. GRAHAM	599 WOODS EDGE DR.	LONDON, KY 40741
MR.	VINCENT A. HOOVER	149 SECRETARIAT TR.	CORBIN, KY 40741
MR.	DAVID WINSLOW	6019 INNES TRACE RD.	LOUISVILLE, KY 40222
MR.	BAKER FAMILY TR.	2000 TODDS PT. RD.	SIMPSONVILLE, KY 40067

11. 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

*Paul M. Baker*

Date

6/26/01

Daytime Phone #

502-722-1892

Typed or printed name of signing Managing Member/Manager

PAUL M. BAKER

CR2E041 (9/00)