

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96

FILED

DEC 16 AM 10:44

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # 200174
Calumet Properties, L.C.
ATTN: Sherman Henderson
12910 Shelbyville Road, Suite 211
Louisville KY 40243

1a. Principal Place of Business Address
4600 Citation Lane
Sarasota FL 34233

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2. Mailing Address		2a. Principal Place of Business		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-22-90		Florida	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
				1995		<input checked="" type="checkbox"/> \$8 75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			

Richard D. Saba, Attorney
2033 Main Street
Suite 303
Sarasota Florida 34237

Name
Street Address (P.O. Box Number is Not Acceptable)
500002032485--6
Suite, Apt. #, etc. -12/18/96--01047--013
****738.75 ****738.75
City FL Zip Code

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 Richard D. Saba Date 12/11/96
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mgr.	Finley J. Garvin	12910 Shelbyville Road Suite 211 Louisville KY	Louisville KY 40243
Mgr.	J. Sherman Henderson III	12910 Shelbyville Road Suite 211 Louisville KY	Louisville KY 40243

12/17/96

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 608.408, 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 Finley J. Garvin Date 10/7/96 Daytime Phone # 502-245-3418

Typed or printed name of signing Managing Member/Manager Finley J. Garvin