Organization ID # 0655600 State of origin

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of S

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PRPF Alison Lundergan Grimes

Received and Filed: 3/7/2012 4:04 PM Fee Receipt: \$145.00

Kentucky Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and **Reinstatement Annual Report** For the years 2010 through 2012

Exact organization name and principal office address MAIDEN CITY AVIATION, INC. 1135 A-KELLER ROAD **CYNTHIANA KY 41031**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ROBERT M. AMMERMAN 1135 A-KELLER ROAD

CYNTHIANA, KY 41031				· · · · · · · · · · · · · · · · · · ·		
Principal Officers - List the name, ac	idress and title o	f all current officen	s. All organizations n	nust list at least one	(1) officer, even in the case of	of a sole officer. If no
pecified, officer addresses default to the princi	pal office address	. Corporations are	required to list a Sec	cretary or other office	er serving as records custodi	an

President	ROBERT L'AMMERMA	Ň		
Vice President	ROBERT M AMMERMA	\N		
Directors - List the name and director addresses default to the pr		ble).No listing of directors is verification	that the corporation has dispensed with dire	ectors. If not specified,
ROBERT L AMMERMAI	N			
ROBERT M AMMERMA				
			# 1 A A A A A A A A A A A A A A A A A A	
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2010. The undersigned sta	ates that the grounds for d	issolution either did not exist	e entity did not file its annual rep or have been eliminated, and the nt of \$145.00, payable to Kentucl	entity's name
Under penalty of perjury, t information perlaining to M 271B.14-220.	the below sign ed hereby at MAIDEN CHY AVIATION, I	uthorizes the Kentucky Depar NC, to the Secretary of State	tment of Revenue to release any , as required for reinstatement pu	applicable tax ursuant to KRS
If not an officer of paid and	My, please provide a Decla	ration of Power of Attorney w	ith the Reinstatement Application	n.
V//allux X	· Constant	Disas in		21.21.2

Signature of officer or chairman of the board (Required)

rresidont Title (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

March 7, 2012

MAIDEN CITY AVIATION, INC. 1135 A-KELLER ROAD CYNTHIANA KY 41031

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MAIDEN CITY AVIATION, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Janice Sexton, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0655600





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 03/07/2012

MAIDEN CITY AVIATION, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0655600

