Organization ID # 0718106 State of origin

Filing fee

Commonwealth of Kentucky \$130.00 Elaine N. Walker, Secretary of State 0718106.09

bschell **PRPF**

Elaine N. Walker, Secretary of State

Received and Filed: 2/25/2011 2:43 PM Fee Receipt: \$130.00

Elaine N. Walker 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 2011

RST

Exact organization name and principal office address **FOSTERS BILLIARDS INC 5201 FAMOUSE WAY LOUISVILLE KY 40219**

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

MICHAEL REED 7009 MT WASHINGTON RD LOUISVILLE, KY 40219



		porations are required to list a Secretary or other officer serving as MICHAEU (SEE)	records custodian
President	THOMAS BETZ	1-1 (CHALL) THATES	
	4		
	e name and address of all directors (if applicat oult to the principal office address.	ole).No listing of directors is verification that the corporation has dis	spensed with directors. If not specified,
	Survey 1		
			
2010. The unders	signed states that the grounds for di	November 2, 2010 because the entity did not file it issolution either did not exist or have been eliminal losed is a check in the amount of \$130.00, payab	ated, and the entity's name
Under penalty of nformation perta 271B.14-220.	perjury, the below signed hereby au ining to FOSTERS BILLIARDS INC	uthorizes the Kentucky Department of Revenue to to the Secretary of State, as required for reinstate	release any applicable tax ement pursuant to KRS
f not an officer of	f said entity, please provide a Decla	ration of Power of Attorney with the Reinstatemer	nt Application.
X/M/	cht Shal		
-/ Signature of offi	icer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

February 25, 2011

FOSTERS BILLIARDS INC 5201 FAMOUSE WAY LOUISVILLE KY 40219

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FOSTERS BILLIARDS INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

M. L. Parker, Taxpayer Specialist II Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0718106





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: 02/24/2011

FOSTERS BILLIARDS INC

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0718106

