

Organization ID # 0414808

State of origin KY

Filing fee \$130.00

# Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0414808.08

mstratton

PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/6/2012 3:39 PM  
Fee Receipt: \$130.00

RST

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 2011 through 2012

**Exact limited partnership name and if domestic, designated address or, if foreign, principal office address**

SCHMIDT FAMILY HOLDINGS LIMITED PARTNERSHIP  
1201 NORTH DIXIE  
P. O. BOX 647  
ELIZABETHTOWN KY 42702

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

WILLIAM B. SCHMIDT  
1201 NORTH DIXIE  
P. O. BOX 647  
ELIZABETHTOWN, KY 42702

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 362. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to SCHMIDT FAMILY HOLDINGS LIMITED PARTNERSHIP to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X

*James B. Schmidt*  
Signature of partner (Required)

PARTNER

Title (Required)

07-30-2012

Date (Required)



**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

August 6, 2012

**SCHMIDT FAMILY HOLDINGS LIMITED PARTNERSHIP  
1201 NORTH DIXIE  
P. O. BOX 647  
ELIZABETHTOWN KY 42702**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SCHMIDT FAMILY HOLDINGS LIMITED PARTNERSHIP** 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 limited partnership. This letter is valid for 30 days from the date of this letter.

Sincerely,

Christopher Southworth, Revenue Auditor  
Pass Through Entity Tax Branch  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-7376  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0414808