Organization ID # State of origin Filing fee Elaine N. W	·	Commonwealth of k Elaine N. Walker, Secre	Received and Filed: 10/14/2011 3:12 PM Fee Receipt: \$115.00		
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 year 2011			RST
Exact organization name and principal office address FWM ADVISORY SERVICES, INC. 1100 AMBRIDGE DRIVE LOUISVILLE KY 40207			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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
LOUISVILL	MARX, III RIDGE DRIVE E, KY 40207				-
Principal Officers specified, officer addresses President	default to the princip	dress and title of all current officers. All organizations m bal office address. Corporations are required to list a Sec W.MARX	ust list at least one (1) officer, ev retary or other officer serving as	ven in the case of a s records custodian	sole officer. If not
Directors - List the nar director addresses default to		all directors (if applicable).No listing of directors is verific	ation that the corporation has di	spensed with directo	rs. If not specified,
ERANK W MARX					

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 271B.14-210. Enclosed is a check in the amount of \$115.00, 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 FWM ADVISORY SERVICES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220

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

of officer or chairman of the board (Required) nafiire (Required)

10-12-2011

Date (Required)



## 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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 10/14/2011

FWM ADVISORY SERVICES, 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,

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

Kentucky Secretary of State organization number 0546011





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

October 14, 2011

## FWM ADVISORY SERVICES, INC. **1100 AMBRIDGE DRIVE LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate FWM ADVISORY SERVICES, 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 0546011

