Organization ID # 0686216 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0686216.09

mstratton PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

11/12/2014 1:58 PM Fee Receipt: \$115.00

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 year 2014

RST

Date (Required)

Exact organization name and principal office address
HELTON, INC.
940 FRENCH VALLEY ROAD
RUSSELL SPRINGS KY 42642

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

TRESA HELTON 940 FRENCH VALLEY ROAD RUSSELL SPRINGS, KY 42642

Signature of officer or chairman of the board (Required)



	rs = List the name, address and title of ses default to the principal office address				
President	TRESA HELTON				
Secretary	TRESA HELTON				
	name and address of all directors (if an	pplicable).No listing of directors	s is verification that the corp	poration has dispensed wit	h directors. If not specified,
			<u>_</u>		
2014. The undersign	vas administratively dissolved gned states that the grounds fements of KRS 271B.14-210.	or dissolution either die	d not exist or have be	een eliminated, and	the entity's name
Under penalty of point information pertain	erjury, the below signed hereb ing to HELTON, INC. to the S	by authorizes the Kentu ecretary of State, as re	ucky Department of F equired for reinstaten	Revenue to release nent pursuant to KR	any applicable tax S 271B.14-220.
If not an officer of s	said entity, please provide a D	eclaration of Power of	Attorney with the Re	instatement Applica	ation.
X	Lecton	Y(os,	dest		11/6/14

Title (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

November 12, 2014

HELTON, INC. 940 FRENCH VALLEY ROAD RUSSELL SPRINGS KY 42642

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HELTON**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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. REV1608, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0686216





## 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 Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 11/12/2014		
HELTON, 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0686216

