

Organization ID # 0307017
State of origin KY
Filing fee \$145.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0307017.09 amcray PRPF
Elaine N. Walker, Secretary of State
Received and Filed:
5/24/2011 3:51 PM
Fee Receipt: \$145.00

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 2009 through 2011**

RST

Exact organization name and principal office address

**SUPER FITNESS BARDSTOWN, INC.
P.O. BOX 309
1141 HIGH STREET
BRANDENBURG KY 40108**

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/ftssearch or can be downloaded from our website.

Registered Agent and Registered Office Address

**CHRIS MCGEHEE
1141 HIGH STREET
P.O. BOX 309
BRANDENBURG, KY 40108**

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian.

_____	CHRIS MCGEHEE	_____
_____	CHRIS MCGEHEE	_____
_____	CHRIS MCGEHEE	_____
_____		_____

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

MCGEHEE CHRIS	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$145.00, 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 SUPER FITNESS BARDSTOWN, INC. 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 <u><i>Chris McGehee</i></u>	<u>president</u>	<u>5/20/11</u>
Signature of officer 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 WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

May 24, 2011

**SUPER FITNESS BARDSTOWN, INC.
P.O. BOX 309
1141 HIGH STREET
BRANDENBURG KY 40108**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SUPER FITNESS BARDSTOWN, 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,

Neelofar Moula, Revenue Auditor
Pass Through Entity Tax Branch
501 High Street, 6th Floor, Sta. 69
Frankfort, KY 40601
502-564-7335
FAX# 502-564-3392

Kentucky Secretary of State organization number 0307017



**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: 05/24/2011

SUPER FITNESS BARDSTOWN, 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 14A.7-030(1)(f).

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 0307017