

Organization ID # 0748317  
State of origin KY  
Filing fee \$130.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

0748317.09 dcmish  
PRPF  
Elaine N. Walker, Secretary of State  
Received and Filed:  
9/19/2011 11:09 AM  
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**

**EAGLE HEALTH & WELLNESS INC.**  
**1938 KY RT. 321**  
**PRESTONSBURG KY 41653**

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**

**TERRY M. CHRISTOPHER**  
**1938 KY RT. 321**  
**PRESTONSBURG, KY 41653**

**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

<b>President</b>	<u>Terry M. Christopher</u>	<u>Sole officer</u>
<b>Vice-President</b>	_____	_____
<b>Secretary</b>	_____	_____
<b>Treasurer</b>	_____	_____

**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.

_____	_____
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$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 EAGLE HEALTH & WELLNESS 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.

<b>X</b> <u>[Signature]</u>	<u>Owner</u>	<u>9/19/11</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

September 19, 2011

**EAGLE HEALTH & WELLNESS INC.  
412 SYCAMORE STREET  
WILLIAMSBURG KY 40769**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EAGLE HEALTH & WELLNESS 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,

Kevin Miller  
Kevin T. Miller, Auditor  
Division of Corporation Tax  
Kentucky Department of Revenue  
501 High Street, Mail Station 52  
Frankfort, KY 40601  
Phone 502-564-7316 Fax 502-564-0058  
Email [kevin.miller@ky.gov](mailto:kevin.miller@ky.gov)

Kentucky Secretary of State organization number 0748317



**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](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 09/19/2011

EAGLE HEALTH & WELLNESS 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,

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

Kentucky Secretary of State organization number 0748317