Organization ID # 0195620 State of origin

Filing fee

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State 0195620.09

amcray **PRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 10/6/2011 3:05 PM Fee Receipt: \$115.00

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 year 2011

**RST** 

Exact organization name and principal office address

MAH CORPORATION P. O. BOX 43211 13213 URTON LN. **MIDDLETOWN KY 40243**  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 or can be downloaded from our website.

Registered Agent and Registered Office Address MINNIE A. HAMILTON

P. O. BOX 43211 13213 URTON LN. MIDDLETOWN, KY 40243



MINNIE A HAMILTON	Same as above
Directors - List the name and address of all directors (if applicable). No listing of director addresses default to the principal office address.	directors is verification that the corporation has dispensed with directors. If not specified,
2011. The undersigned states that the grounds for dissolution eith	), 2011 because the entity did not file its annual report for the year ner did not exist or have been eliminated, and the entity's name eck in the amount of \$115.00, payable to Kentucky State Treasurer.
Under penalty of perjury, the below signed hereby authorizes the information pertaining to MAH CORPORATION to the Secretary of	Kentucky Department of Revenue to release any applicable tax of State, as required for reinstatement pursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a Declaration of Pow	President Description   10-4-2011

Signature of officer or chairman of the board (Required)

Title (Required)

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 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 10/06/2011

MAH CORPORATION

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,

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

Kentucky Secretary of State organization number 0195620





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 6, 2011

MAH CORPORATION P. O. BOX 43211 13213 URTON LN. MIDDLETOWN KY 40243

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MAH CORPORATION** 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 0195620

