Organization ID #
State of origin

Filing fee

0706327 KY **\$115.00**  Commonwealth of Kentucky Trey Grayson, Secretary of State 0706327.09

dcornish PRPF

Trey Grayson, Secretary of State

Received and Filed: 11/23/2010 12:50 PM Fee Receipt: \$115.00

Trey Grayson
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 2010

**RST** 

Date (Required)

Exact organization name and principal office address
LEE'S OF MANCHESTER, INC.
1210 SALLYS BRANCH ROAD
LONDON KY 40741

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.kv.nov/ftsearch">app.sos.kv.nov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

EUGENE BECKNER 1210 SALLYS BRANCH ROAD LONDON, KY 40741

Signature of officer or chairman of the board (Required)



President	CONNIE HODGE		
Vice President	HARMON HODGE		
Secretary	GENE BECKNER		
Treasurer	GENE BECKNER		
Directors - List the nam	e and address of all directors (if applicable).	No listing of directors is verification that the corporation ha	s dispensed with directors.
<del></del>	· · · · · · · · · · · · · · · · · · ·		
<del></del>			
2010. The undersigned	d states that the grounds for disso	ember 2, 2010 because the entity did not fil olution either did not exist or have been elin ed is a check in the amount of \$115.00, pay	ninated, and the entity's name
Under penalty of perjuinformation pertaining 271B.14-220.	ry, the below signed hereby author to LEE'S OF MANCHESTER, INC	orizes the Kentucky Department of Revenue C. to the Secretary of State, as required for	e to release any applicable tax reinstatement pursuant to KRS
If not an officer of said	entity, please provide a Declarati	on of Power of Attorney with the Reinstater	nent Application.
X for		VΡ	11-20-10

Title (Required)

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.



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

DON RICHARDSON Executive Director

November 23, 2010

LEE'S OF MANCHESTER, INC. 1210 SALLYS BRANCH ROAD LONDON KY 40741

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LEE'S OF MANCHESTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Jessica Honican, Revenue Auditor II Division of Corporation Tax 501 High Street, 6th Floor, Sta.69 Frankfort, KY 40601 502-564-2169 FAX# 502-564-3392

Kentucky Secretary of State organization number 0706327





## 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: 11/23/2010

LEE'S OF MANCHESTER, 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 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0706327

