Organization ID # 0564728 State of origin KY Filing fee \$16.00

Commonwealth of Kentucky Trey Grayson, Secretary of State

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Trey Grayson, Secretary of State Received and Filed:

12/22/2010 12:23 PM Fee Receipt: \$16.00

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 years 2009 through 2010

RST

Exact organization name and principal office address ANGELOS MOBILE MINISTRY, INC. **319 THACKER DRIVE**

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

CHARLES D VERNON 319 THACKER DRIVE WILMORE, KY 40390

WILMORE KY 40390



Principal Officers	 List the name, address and title 	of all current officers. All	organizations must list at least one (1) o	fficer, even in the case of a sole officer.
President DAVID MOURN		Central Bastist Hospital 1740 Nicholasville Rd Lex. Ky		
Vice President KEN PICKERILL			Aslawy College I Mac	klem Dr. Wilmare, KY 40390
Directors - Non-profit	corporations must have at least thr	ee (3) directors. All directo	rs of the non-profit must be listed. Provi	ide names and addresses below:
DAVID MOURN		Central Bapist	Hospital 1740 Nicholasvill	eRd. Lexington, KY 40503
HAL SCHWARTZ		Schwartz Dairy 3817N 600-900 Markle, IN 46770		
KEN PICKERILL			ge I Macklem Dr. Will	
2009. The undersign	ed states that the grounds	for dissolution eith	er did not exist or have been e	ot file its annual report for the year eliminated, and the entity's name ble to Kentucky State Treasurer.
Under penalty of perj	ury, the below signed here	eby authorizes the h	Centucky Department of Reve	nue to release any applicable tax ired for reinstatement pursuant to KRS
If not an officer of sai	id entity, please provide a	Declaration of Powe	er of Attorney with the Reinsta	itement Application.
X Charles	V. Vernon		CEO	12/17/2010
Signature of officer of	r chairman of the board (Required)		Title (Required)	Date (Required)

Signature of officer or chairman of the board (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON
Executive Director

December 22, 2010

ANGELOS MOBILE MINISTRY, INC. 319 THACKER DRIVE WILMORE KY 40390

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **ANGELOS MOBILE MINISTRY, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Becky Breeze, Taxpayer Service Specialist I Pass Through Entity Tax Branch 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-2117 FAX# 502-564-3392

Kentucky Secretary of State organization number 0564728





THOMAS B. MILLER
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FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

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