

Organization ID # 0720000

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0726533.06 amcray LRP

Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 12/2/2013 2:47 PM
 Fee Receipt: \$130.00

Alison Lundergan Grimes
 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 2012 through 2013

RST

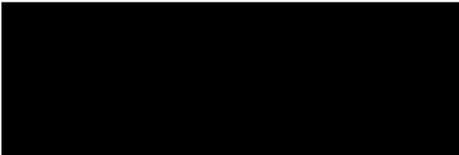
Exact limited liability company name and principal office address

TALON FALLS HAUNTED SCREAM PARK, LLC
 2932 STATE ROUTE 849 W
 MELBER KY 42069-8716

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

TODD FERREN
 1032 HIGHLAND CHURCH ROAD
 PADUCAH, KY 42001



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 275.295. 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 TALON FALLS HAUNTED SCREAM PARK, LLC 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 Todd Ferren
 Signature of member or manager (Required)

MEMBER
 Title (Required)

10/15/13
 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

December 2, 2013

**TALON FALLS HAUNTED SCREAM PARK, LLC
2932 STATE ROUTE 849 W
MELBER KY 42069-8716**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TALON FALLS HAUNTED SCREAM PARK, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 limited liability company. 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 0726533