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PRPF
Alison Lundergan Grimes
Kentucky Secretary of State
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Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

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 2011 through 2013

RST

Exact limited partnership name and, if domestic, designated address or, if foreign, principal office address

**WILLIAM F. COWGILL, SR. FAMILY LIMITED PARTNERSHIP, LTD.
% WILLIAM F. COWGILL, SR.
117 SYCAMORE RD
LEXINGTON KY 40502**

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

**WILLIAM F. COWGILL, SR.
117 SYCAMORE RD.
LEXINGTON, KY 40502**



General partners - List the name and address of the limited partnership's general partners. If not specified, addresses default to the partnership's designated office or principal office address.

William F. Cowgill, Jr.	
Thomas M. Cowgill	

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 362. Enclosed is a check in the amount of \$145.00, 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 WILLIAM F. COWGILL, SR. FAMILY LIMITED PARTNERSHIP, LTD. 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 *William F. Cowgill, Jr.*

Signature of partner (Required)

Managing Partner

Title (Required)

10/31/2013

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

October 31, 2013

**WILLIAM F. COWGILL, SR. FAMILY LIMITED PARTNERSHIP, LTD.
% WILLIAM F. COWGILL, SR.
117 SYCAMORE RD
LEXINGTON KY 40502**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **WILLIAM F. COWGILL, SR. FAMILY LIMITED PARTNERSHIP, LTD.** 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 partnership. This letter is valid for 30 days from the date of this letter.

Sincerely,

Brandon Keenon, Revenue Auditor I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7337
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0465335