Organization ID # 0439638 **Commonwealth of Kentucky** State of origin Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

0439638.09

amcray PRPF

Alison Lundergan Grimes

Received and Filed: 2/11/2014 2:10 PM Fee Receipt: \$145.00

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 2011 through 2013

**RST** 

**Exact organization name and principal office address** HALCYON FARM, INC. **3001 CARRICK PIKE GEORGETOWN KY 40324** 

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 **CAMILLE MARJORIE LIGHTNER**

3001 CARRICK PIKE **GEORGETOWN, KY 40324** 



| specified, officer addresse                             | es default to the principal office address. Corpora                                      | nt officers. All organizations must list at least one (1) officer, et<br>tions are required to list a Secretary or other officer serving a           | s records custodian                                 |
|---|--|--|---|
| Sole Officer  | CAMILLE M LIGHTNER   |  |   |
|   |  |  |   |
|   | name and address of all directors (if applicable).<br>I to the principal office address. | No listing of directors is verification that the corporation has d   | ispensed with directors. If not specified,          |
|   |  |  |   |
| <del></del>   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| 2011. The undersign                                     | ned states that the grounds for disso  | tember 10, 2011 because the entity did not fil<br>olution either did not exist or have been elimin<br>ed is a check in the amount of \$145.00, payal | ated, and the entity's name                         |
| Under penalty of point information pertain 271B.14-220. | erjury, the below signed hereby authoring to HALCYON FARM, INC. to the                   | orizes the Kentucky Department of Revenue t<br>Secretary of State, as required for reinstatem  | o release any applicable tax<br>ent pursuant to KRS |
| If not an officer of s                                  | said entity, please provide a Declarat   | ion of Power of Attorney with the Reinstateme  | ent Application.                                    |
| X Com   | Z Brull  | Sole officer   | 12-2-13   |
| Cignoture of office                                     | or or chairman of the hoard (Required)   | Title (Required)   | 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

February 11, 2014

HALCYON FARM, INC. 3001 CARRICK PIKE GEORGETOWN KY 40324

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HALCYON FARM, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

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

Kentucky Secretary of State organization number 0439638





## 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 Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

| Date: 02/03/2014   |  |  |
|--------------------|--|--|
| HALCYON FARM, INC. |  |  |
| Dear Sir/Madam:    |  |  |

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).

KRS 14A.7-030(1)(f) CERTIFICATE

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 0439638

