

Organization ID # 0568443
State of origin KY
Filing fee \$220.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0568443.09 dcornish PRPF
Elaine N. Walker, Secretary of State
Received and Filed:
10/11/2011 10:11 AM
Fee Receipt: \$220.00

Elaine N. Walker
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 2004 through 2011

RST

Exact organization name and principal office address

W. AMENT BEELER DRUGGIST, INC.
11715 S PRESTON HIGHWAY
LEBANON KY 40150

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

ANN M BEELER
11715 S PRESTON HIGHWAY
LEBANON, KY 40150



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. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President Ann M Beeler 11715 S Preston Hwy Leb Jct Ky 40150
Vice-President Margaret Beeler 11715 S Preston Hwy Leb Jct Ky 40150
Secretary _____
Treasurer _____

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

Ann M. Beeler 11715 S Preston Hwy Leb Jct Ky 40150
Margaret Beeler 11715 S Preston Hwy Leb Jct Ky 40150

The above entity was administratively dissolved on November 8, 2004 because the entity did not file its annual report for the year 2004. 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 271B.14-210. Enclosed is a check in the amount of \$220.00, 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 W. AMENT BEELER DRUGGIST, INC. 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 Ann M Beeler _____ President _____ 10-6-11
Signature of officer or chairman of the board (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

October 11, 2011

**W. AMENT BEELER DRUGGIST, INC.
11715 S PRESTON HIGHWAY
LEBANON KY 40150**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **W. AMENT BEELER DRUGGIST, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Theresa Collins, Taxpayer Specialist II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7288
FAX# 502-564-0058

Kentucky Secretary of State organization number 0568443



**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: 10/11/2011

W. AMENT BEELER DRUGGIST, INC.

Dear Sir/Madam:

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

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).

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 0568443