Organization ID # State of origin Filing fee	<sup>0212348</sup> кү \$115.00 Е	Commonwealth of Kentucky Iaine N. Walker, Secretary of State		0212348.09 dcornish PRPF Elaine N. Walker, Secretary of State Received and Filed: 9/27/2011 10:54 AM	
Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov		<b>Reinstatement Application and Reinstatement Annual Report</b> For the year 2011		Fee Receipt: \$115.00	
Exact organization name and principal office address CAPITAL PRODUCE & MILK CO. 7998 FRANKFORT RD. WADDY KY 40076			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 <u>app.sos.kv.gov/ftsearch</u> or can be downloaded from our website.		
7998 FRAM WADDY, K Principal Officers	E. PERRY NKFORT RD. Y 40076 ~ List the name, addi	<b>Diffice Address</b> <b>ress and title</b> of all current officers. All organizations multiplications are required to list a Seci-			
Sole Officer		S E. PERRY			•
<b>Directors -</b> List the na director addresses default to		l directors (if applicable).No listing of directors is verific Idress.	ation that the corporation has dispens	sed with directors. If not specified,	

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 271B.14-210. Enclosed is a check in the amount of \$115.00, 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 CAPITAL PRODUCE & MILK CO. to the Secretary of State, as required for reinstatement pursuant to KR\$ 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

(Required) ignature of officer or chairman of the boa (Required) e (Required



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

September 27, 2011

## **CAPITAL PRODUCE & MILK CO.** 7998 FRANKFORT RD. **WADDY KY 40076**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate CAPITAL PRODUCE & MILK CO. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

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 0212348





## 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: 09/27/2011

CAPITAL PRODUCE & MILK CO.

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,

Tara Welch Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0212348

