

Organization ID # 0688050  
State of origin KY  
Filing fee \$130.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

0688050.06 mstratton  
LRPF  
Elaine N. Walker, Secretary of State  
Received and Filed:  
6/20/2011 3:53 PM  
Fee Receipt: \$130.00

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 2010 through 2011

**RST**

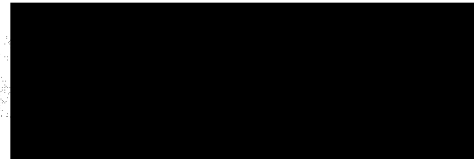
**Exact limited liability company name and principal office address**

SOLA FIDE ENTERPRISES, LLC  
PO BOX 592  
BURLINGTON KY 41005

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

JOHN E. PENCE  
8145 HEATHERWOOD DRIVE  
FLORENCE, KY 41042



**Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.**

JOHN E. PENCE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 SOLA FIDE ENTERPRISES, 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 John E. Pence  
Signature of member or manager (Required)

Mgr.  
Title (Required)

6/16/2011  
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

June 20, 2011

**Sola Fide Enterprises, LLC  
PO BOX 592  
BURLINGTON KY 41005**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SOLA FIDE ENTERPRISES, LLC** has filed Kentucky Income Tax Returns through the tax year ended December 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Gary Horne, Revenue Program Officer  
Division of Corporation Tax  
501 High Street, 7th Floor, Sta.52  
Frankfort, KY 40601  
502-564-7281  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0688050