| Organization ID # 092165 | 21652 Commonwealth of Ka | | | ontuoky | | | | |
|--|--------------------------|--|------------------------------------|--|---|----------------------|---------------|--|
| State of origin KY Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State S | | | | | 0921652 | 2.09 | amcra PRPF | |
| Alison Lundergan Grime Secretary of State | | Reinstatement Application | | | Kentucky Secretary of State Received and Filed: 10/10/2016 1:05 PM Fee Receipt: \$115.00 | | | |
| P. O. Box 718 Frankfort, KY 40602-071 (502) 564-3490 http://www.sos.ky.gov | 8 | Reinsta | nual Report | | KOT | | | |
| Exact organization name and principal office address FERN CREEK GROUP OF KENTUCKY INC 2401 LANDMARK AVENUE NE CORYDON IN 47112 | | | | name/office add form. When reins addresses until th reinstatement is fi filed online at <u>app</u> | 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.ky.gov/ftsearch</u> or can be downloaded from our website. | | | |
| Registered Agent and Reg J Bradley Guarino S 4898 Brownsboro R Suite 300 Louisville, KY 40207 Principal Officers - List the na | anders oad 7 | | officers. All organizations mu | st list at least one (1) officer, eve | n in the case of a so | ve officer. If not | | |
| specified, officer addresses default to the | principal offi | ce address. Corporatio | Port ide at | etary or other officer serving as re | cords custodian | IN 42 | 112 | |
| Vice-President | | | | | | | | |
| Directors - List the name and add director addresses default to the principa | | | b listing of directors is verifica | tion that the corporation has disp | ensed with directors |). If not specified, | | |
| | | ······································ | | | | | | |
| | | | | | | | | |
| The above entity was administ The undersigned states that the requirements of KRS 271B.14 | e grounds | for dissolution e | ither did not exist or h | ave been eliminated, an | d the entity's na | ame satisfies | 16. s the | |
| Under penalty of perjury, the b | | | | | | | _ | |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Fern Creek Group of Kentucky 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.

Preside ul liam 10-le-2016 Date (Required) X Signature of officer of chairman of the board (Required) Title (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

An Equal Opportunity Employer M/F/D

October 10, 2016

Fern Creek Group of Kentucky Inc 5628 BARDSTOWN RD LOUISVILLE KY 40291

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Fern Creek Group of Kentucky Inc** has filed Kentucky Income Tax Returns through the tax year ended 2015, 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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0921652





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 10/10/2016

Fern Creek Group of Kentucky 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,

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

Kentucky Secretary of State organization number 0921652

