1Organization ID# State of origin Filing fee

0518554 KY

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State

0518554.09

bschell **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/5/2012 2:35 PM Fee Receipt: \$115.00

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 year 2011

Exact organization name and principal office address HANDS ON PRE-SCHOOL & DAY CARE, INC. 2784 W. HIGHWAY 80 **SOMERSET KY 42503**

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

DEBORAH CORRELL 141 ENCHANTED DRIVE SOMERSET, KY 42501

Principal Officers specified, officer addresses	- List the name, address and title of all curre default to the principal office address. Corpora	ent officers. All organizations must list at least officer serving as records custodian
Secretary	DEBORAH CORRELL	
President	DEBORAH CORRELL	
	me and address of all directors (if applicable) o the principal office address.	.No listing of directors is verification that the corporation has dispensed 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 HANDS ON PRE-SCHOOL & DAY CARE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

the section of said antity, plants provide a Declaration of Device of Attorney with the Deinstatement Application

i not an onicer of said entity, please provide a pecia	iration of hower of Attorney with the Reinstateme	TIL Application.
* Leborah Correll- Took	Owner	9/20/11
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 WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

January 5, 2012

HANDS ON PRE-SCHOOL & DAY CARE, INC. 2784 W. HIGHWAY 80 SOMERSET KY 42503

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HANDS ON PRE-SCHOOL & DAY CARE, INC.** 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,

Frankie Eden, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0518554





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: 01/05/2012

HANDS ON PRE-SCHOOL & DAY CARE, 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,

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

Kentucky Secretary of State organization number 0518554

