

Organization ID # 0325455  
 State of origin KY  
 Filing fee \$130.00

Commonwealth of Kentucky  
 Elaine N. Walker, Secretary of State

0325455.09

mstratton  
PRPF

Elaine N. Walker, Secretary of State  
 Received and Filed:  
 3/14/2011 3:15 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

F  
RST**Exact organization name and principal office address**

FIRE TREE, INC.  
 115 LESSENBERRY CT.  
 GLASGOW KY 42141

The principal office address and register name/office address cannot be changed on form. When reinstating, you cannot modify addresses until the reinstatement is filed. Or statement of change by research or change.

**Registered Agent and Registered Office Address**

SAM CRACE  
 115 LESSENBERRY CT.  
 GLASGOW, KY 42141

FEIN (Optional)

**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 specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Secretary JUDY CRACE  
 President SAM CRACE

**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 no director addresses default to the principal office address.

SAM CRACE

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the 2010. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's satisfies the requirements of KRS 271B.14-240. Enclosed is a check in the amount of \$130.00, payable to Kentucky State

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any application information pertaining to FIRE TREE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.1

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

X

Signature of officer or chairman of the board (Required)

SAM CRACE

PRESIDENT

Title (Required)

MARCH 4  
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

March 14, 2011

**FIRE TREE, INC.  
115 LESSENBERRY CT.  
GLASGOW KY 42141**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FIRE TREE, 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,

Frankie Eden, Revenue Auditor I  
Division of Corporation Tax  
501 High Street, 6th Floor, Sta. 69  
Frankfort, KY 40601  
502-564-7394  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0325455



**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](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 03/14/2011

FIRE TREE, INC.

Dear Sir/Madam:

**KRS 271B.14-220(1)(e) CERTIFICATE**

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0325455