Jan. 18. 2011 Organization in # 2:28PM State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Trey Grayson, Secretary of State No. 9398 P. 2

PRPF

Trey Grayson, Secretary of State

Received and Filed: 1/20/2011 12:39 PM Fee Receipt: \$115.00

Trey Grayson 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 2010

RST

Exact organization name and principal office address BLAZER'S FUN ZONE, INC. **895 BOONE ROAD RINEYVILLE KY 40162**

The principal office address and registered agent name/office address cannot be changed on this form, When reinstaling, you cannol modify the addresses until the reinstalement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.goviftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address				
ANITA ERHAI	RDT COLOR		<u>.</u>	
895 BOONE F	and the second s		i d	
RINEYVILLE,	, and a second of the second o	A CONTRACTOR OF THE PARTY OF TH		
-	ATTENDED TO SERVICE AND ADDRESS OF THE PARTY			
Principal Officers - List the name, address and title of all current officers. All organizations must list at legist one (1) officer, even in the case of a sole officer.				
President	ANITAL ERHARDÍ			
	#/ _ ~ /#			
	M se The Inc.		# Emmi #	
Divoctors	41 500 16			
DITECTORS - LIST the name	and address of all directors (if applicable).N	o lisung of difectors is ventication	i that the corporation has dispensed	win directors.
	(2)	- 40 A-AN 11 11		<u> </u>
	W personal & B	Marchael 138 11		
		第四个人的	9 in 187 18	
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	#\ *" _} \\	3 16 7 1 10	The state of the s	
The above entity was ac	ıministrajiyely dissolved on Nove	mber 2, 2010 because the	ne entity did not file its anni	ual report for the year
2010. The undersigned	slates that the grounds for dissol	ution either did not exist	or have been eliminated, a	ind the entity's name
satisfies the requiremen	ts of KRS 271B 14-210, Enclose	d is a check in the amou	nt of \$115 00 payable to k	Centucky State Treasurer.
Under penalty of perium	, the below signed heroby author	rizes the Kehlijicky Dena	dment of Revenue to relea	se any applicable tax
information pertaining	BLAZER'S FUN ZONE NC TO	the Secretary of State- a	s regulired for reinstalemen	nt pursuant to KRS
27/B.14-220,	The state of the s			•
If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstalement Application.				
1			م مسلم المسلم المسلم المسلم المسلم	_
メンシー		President	56	12/10/10
Signature of officer or ch	airman of the board (Required)	Title (Red	quired)	Date (Required)
1	• ••			



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: 01/18/2011

BLAZER'S FUN ZONE, 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

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0623956





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON
Executive Director

January 18, 2011

BLAZER'S FUN ZONE, INC. 895 BOONE ROAD RINEYVILLE KY 40162

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BLAZER'S FUN ZONE**, **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,

Roger Sullivan, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-7370 FAX# 502-564-3392

Kentucky Secretary of State organization number 0623956

