

Organization ID # 0543961  
State of origin KY  
Filing fee \$115.00

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

0543961.08 Dcornish  
PRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
12/14/2017 3:00 PM  
Fee Receipt: \$115.00

Alison Lundergan Grimes  
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 2017**

**RST**

**Exact limited partnership name and, if domestic, designated address or, if foreign,  
principal office address**

**HARVEY FAMILY LIMITED PARTNERSHIP**  
**2241 HILLCREST ROAD**  
**ASHLAND KY 41101**

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**

**SAMUEL D. HARVEY**  
**2241 HILLCREST ROAD**  
**ASHLAND, KY 41101**

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**General partners** - List the name and address of the limited partnership's general partners. If not specified, addresses default to the partnership's designated office or principal office address.

**SAMUEL D. HARVEY**

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 362. 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 HARVEY FAMILY LIMITED PARTNERSHIP 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 Samuel D. Harvey Partner 12/14/17  
Signature of partner (Required) Title (Required) Date (Required)



**DANIEL P. BORK**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

December 14, 2017

**HARVEY FAMILY LIMITED PARTNERSHIP  
C/O MARILYNN PETRILLO  
2011 TOCOBAGA LN  
NOKOMIS FL 34275**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HARVEY FAMILY LIMITED PARTNERSHIP** has filed Kentucky Income Tax Returns through the tax year ended 2016, 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 partnership. 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. 52  
Frankfort, KY 40601  
Phone# (502) 564-2099  
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0543961