

Organization ID # 0666663
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0666663.06 dcmish
LRPF
Elaine N. Walker, Secretary of State
Received and Filed:
9/27/2011 11:19 AM
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>

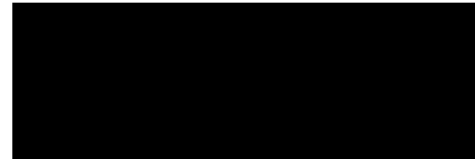
**Reinstatement Application and
Reinstatement Annual Report**
For the year 2011

RST

Exact limited liability company name and principal office address
WALKER FAMILY TOWING AND RECOVERY, LLC
P.O. BOX 278
WHITE PLAINS KY 42464

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
MICHAEL R. WALKER
375 US HWY 62 E
WHITE PLAINS, KY 42464



Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

MICHAEL ROBERT WALKER
KRISTINE K WALKER
ROBERT JOSEPH WALKER
CATHY MICHELLE WALKER

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 275.295. 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 WALKER FAMILY TOWING AND RECOVERY, LLC 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 Kristine Walker
Signature of member or manager (Required)

Co-Owner

Title (Required)

9-23-11
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

September 27, 2011

**WALKER FAMILY TOWING AND RECOVERY, LLC
P.O. BOX 278
WHITE PLAINS KY 42464**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **WALKER FAMILY TOWING AND RECOVERY, LLC** 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 limited liability company. 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, Mail Sta. 69
Frankfort, KY 40601
502-564-7394
FAX# 502-564-3392

Kentucky Secretary of State organization number 0666663