Organization ID # State of origin Filing fee	0497268 KY \$115.00				Kentucky etary of Sta	ate 04972	68.09 d	lcornis PRPI
Elaine N. W Secretary of P. O. Box Frankfort, KY 40 (502) 564-3 http://www.sos		Reinstatement Application and Reinstatement Annual Report For the year 2011					y of Sta	
Exact organization name and principal office address VAN DER PLAS INCORPORATED 303 W. BRANNON RD. NICHOLASVILLE KY 40356					name/ o form. V address reinstat filed on	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
	COLLINS ANNON RD. MILLE, KY 44 - List the name, a	0356 ddfess, and tible of all cu	artent officers. A	ll organizations m uired to list a Sec	nust xetany or other officer se	iving as records cus	r. If n	ot
President	PAULA	COLLINS						
Secretary		ELL COLLINS						
/ice President	DARRE	LL COLLINS						
							······································	
Directors - List the nam	rie and address o	f all directors (if applicab	le).No listing of	directors is verific	cation that the corporatio	n has dispensed with	directors. If not specifi	ied.
irector addresses default to								
			_			<u> </u>		
					an Mak			
The above entity was 2011. The undersigne satisfies the requirem Under penalty of perju	d states that	the grounds for dis	ssolution eit	her did not e	xist or have been e	liminated, and	the entity's name	•
nformation pertaining 271B.14-220.	ury, the below	signed hereby au PLAS INCORPOR	thorizes the RATED to th	Kentucky De e Secretary	epartment of Rever of State, as require	nue to release a ed for reinstaten	any applicable tax nent pursuant to l	K KRS

Signature of officer or chairman of the board (Required)

Trestach T

Title (Required)

Date (Required)



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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 09/28/2011

VAN DER PLAS INCORPORATED

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,

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

Kentucky Secretary of State organization number 0497268





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

September 28, 2011

VAN DER PLAS INCORPORATED 303 W. BRANNON RD. NICHOLASVILLE KY 40356

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate VAN DER PLAS INCORPORATED 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,

James Sutherland, Revenue Program Officer Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0497268

