

Organization ID # 0742072
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0742072.09

amcray
PRPF

Elaine N. Walker, Secretary of State
Received and Filed:
6/27/2011 2:48 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

RST

Exact organization name and principal office address
ADVENTURE AMUSEMENT OF KENTUCKY, INC.
130 MARK SHOPVILLE ROAD
SOMERSET KY 42503

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

M. KEITH REVIS
130 MARK SHOPVILLE ROAD
SOMERSET, KY 42503

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. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian.

President M. Keith Revis, Somerset, KY 42503
Vice-President _____
Secretary Anna Deaton, Allenboro, NC 28040
Treasurer _____

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has complied with directors. If not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 271B.14-220. Enclosed is a check in the amount of \$130.00, 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 ADVENTURE AMUSEMENT OF KENTUCKY, INC. 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 Anna K. Deaton
Signature of officer or chairman of the board (Required)

Secretary
Title (Required)

6/1/2011
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

June 27, 2011

**ADVENTURE AMUSEMENT OF KENTUCKY, INC.
1106 ASHEVILLE HWY
STE A - 111
INMAN SC 29349**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ADVENTURE AMUSEMENT OF KENTUCKY, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Jeremy Branham, Revenue Auditor I
Pass Through Entity Tax Branch
501 High Street, 6th Floor, Sta.69
Frankfort, KY 40601
502-564-7337
FAX# 502-564-3392

Kentucky Secretary of State organization number 0742072



**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: 06/23/2011

ADVENTURE AMUSEMENT OF KENTUCKY, INC.

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,

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

Kentucky Secretary of State organization number 0742072