State of origin KY	rganization ID # 0149573 Commonwealth of Kentucky ate of origin KY Commonwealth of Kentucky ling fee \$145.00 Alison Lundergan Grimes, Secretary of 8/7/2014 9			Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/7/2014 9:29 AM Fee Receipt: \$145.00
Alison Lundergan G Secretary of Sta P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky	ete Reinst 2-0718 Reins D For f	Reinstatement Application and Reinstatement Annual Report For the years 2012 through 2014		
R. L. MIRACLE DISTRIBUTING COMPANY, INC. name/office address cannot form. When reinstating, you addresses until the reinstatement is filed, the statement is filed, the statement is filed.				office address and registered agent Idress cannot be changed on this nstating, you cannot modify the the reinstatement is filed. Once the s filed, the statement of change can be on sos ky goy/ffsearch or can be
ROBERT L. MI U. S. 25 EAST, PINEVILLE, KY Principal Officers - List specified, officer addresses defau	P. O. BOX 667 40977 the name, address and title of all curre It to the principal office address. Corpora	ant officers. All organizations mus	st list at least one (1) officer, e	
Sole Officer	ROBERT L. MIRACLE			
Directors - List the name an director addresses default to the p	nd address of all directors (if applicable)	No listing of directors is verificat	tion that the corpora tion has di	spensed with directors. If not specified,
ROBERT L. MIRACLE				
			A Martine A	
			<u></u>	
The above entity was adr 2012. The undersigned s satisfies the requirements	tates that the grounds for diss	olution either did not exi	se the entity did not file st of have been elimin	its annual report for the year

information pertaining to R. L. MIRACLE DISTRIBUTING COMPANY and to be 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.

nac く Signature of officer or chairman of the board (Required)

President

Title (Required)

08 r 0 4-2014 Date (Required)

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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> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 08/07/2014

R. L. MIRACLE DISTRIBUTING COMPANY, 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,

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 0149573





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

August 6, 2014

R. L. MIRACLE DISTRIBUTING COMPANY, INC. 260 BIRD BRANCH RD P.O. BOX 667 **PINEVILLE KY 40977**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate R. L. MIRACLE DISTRIBUTING COMPANY, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Stephanie REVX219, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0149573



