Organization ID # State of origin Filing fee	0318674 KY \$115.00	Commonwealth of Kentucky Elaine N. Walker, Secretary of State		0318674.09 Alison Lundergan Grime Received and Filed: 1/3/2012 11:35 AM	bschell PRPF es, KY Secreta
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		Fee Receipt: \$115.00	
Exact organization name and principal office address POST TIME, INC. P O BOX 5018 730 CLAY KISER PK PARIS KY 40362		na fo ac re file	ame/office addr orm. When reinst ddresses until the instatement is fil	ice address and registered agent ess cannot be changed on this tating, you cannot modify the e reinstatement is filed. Once the ied, the statement of change can be sos.ky.gov/ftsearch or can be our website.	
Registered Agent a CECILIA A. 730 CLAY & PARIS, KY	ELLIS (ISER PIKE	red Office Address			
Principal Officers - specified, officer addresses of Sole Officer	letault to the prine	address and title of all current officers. All organizations must list at least one cipal office address. Corporations are required to list a Secretary or other offic IA A ELLIS	(1) officer, even er serving as rea	in the case of a sole officer. If not cords custodian	
Directors - List the nam director addresses default to	ne and address (of all directors (if applicable).No listing of directors is verification that the corpo e address.	pration has dispe	ensed with directors. If not specified,	

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 271B.14-210. 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 POST TIME, 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.

N officer or chairman of the board (I Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

January 3, 2012

POST TIME, INC. **POBOX 5018** 730 Clay Kiser Pk **PARIS KY 40362**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate POST TIME, INC. 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,

Theresa Collins, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0318674





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: 01/03/2012

POST TIME, 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 0318674

