Organization ID # 0282375 State of origin Filing fee

KY \$175.00

Commonwealth of Kentucky Trey Grayson, Secretary of State 0282375.09

amcray PRPF

Trey Grayson, Secretary of State

Received and Filed: 1/10/2011 2:24 PM Fee Receipt: \$175.00

Trey Grayson 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 2007 through 2011

RST

Exact organization name and principal office address TITLEIST VENTURES, INC. 2605 TITLEIST RD. **LOUISVILLE KY 40242**

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.

Registered Agent and Registered Office Address

NANCY P. GRAY 2605 TITLEIST RD. LOUISVILLE, KY 40242



Principal Officers - Lis specified, officer addresses defau	t the name, address and title	of all current officers. All	organizations must list at least o	one (1) officer, even in the co	ase of a sole officer. If not stodian
Sole Officer , Pres.	NANCY P GRAY Virg: 1 M	Gray			
Directors - List the name a director addresses default to the		applicable).No listing of d	irectors is verification that the co	orporation has dispensed wi	th directors. If not specified,
No directo		· · · · · · · · · · · · · · · · · · ·			
			24		
		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	
The above entity was ad 2007. The undersigned satisfies the requirement	tates that the grounds	for dissolution eith	er did not exist or have	been eliminated, and	I the entity's name
Under penalty of perjury information pertaining to 271B.14-220.	the below signed here TITLEIST VENTURES	eby authorizes the S, INC. to the Secre	Kentucky Department of tary of State, as require	f Revenue to release d for reinstatement p	any applicable tax oursuant to KRS
If not an officer of said e	ntity, pleașe provide a	Declaration of Pow	er of Attorney with the F	Reinstatement Applic	ation.
X Signature of officer of cha	/ OLOY Whan of the board (Regulared		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 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 01/10/2011		
TITLEIST VENTURES, INC.		
Dear Sir/Madam:		

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0282375





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

January 10, 2011

TITLEIST VENTURES, INC. 2605 TITLEIST RD. LOUISVILLE KY 40242

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TITLEIST VENTURES**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/30/2009, 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,

Velicia Martindale, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-2194 FAX# 502-564-0058

Kentucky Secretary of State organization number 0282375

