

Organization ID # 0034177  
State of origin KY  
Filing fee \$115.00

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

0034177.09 amcra  
PRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/30/2013 2:52 PM  
Fee Receipt: \$115.00

Alison Lundergan Grimes  
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 2013

RST

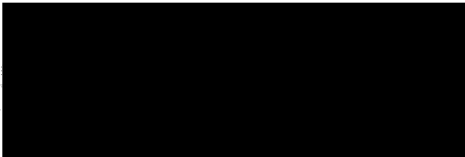
**Exact organization name and principal office address**

MAYFAIR PHARMACY, INC.  
MAYFAIR SQUARE  
OWENSBORO KY 42301

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/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

GUY E REISZ  
MAYFAIR SQUARE  
OWENSBORO, KY 42301



**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  | <del>GUY REISZ</del> GAIL BRANCH | GAIL BRANCH 8027 FARMINGDALE RD |
| Secretary  | GAIL BRANCH                      | GERMANTOWN, TN 38138            |
| Vice/Pres. | GAIL BRANCH                      |                                 |
|            | GUY REISZ                        |                                 |

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

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The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 MAYFAIR PHARMACY, 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.

|  |                  |                 |
|--|------------------|-----------------|
|  | President        | 10/28/13        |
| Signature of officer or chairman of the board (Required) | 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](http://www.oet.ky.gov)

**Thomas O. Zawacki**  
Secretary

**Buddy Hoskinson**  
Executive Director

Date: 10/30/2013

MAYFAIR PHARMACY, 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 0034177



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

October 30, 2013

**MAYFAIR PHARMACY, INC.  
2900 VEACH ROAD  
STE 2  
ATTN: EDNA BARNES  
OWENSBORO KY 42303**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MAYFAIR PHARMACY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 0034177