Organization ID # State of origin Filing fee

0220377

**Commonwealth of Kentucky** \$115.00 Elaine N. Walker, Secretary of State 0220377.09

amcray PRPF

Elaine N. Walker, Secretary of State

Received and Filed: 10/3/2011 8:25 AM Fee Receipt: \$115.00

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 year 2011

**RST** 

**Exact organization name and principal office address** HOPKINSVILLE ROLLER DOME, INC. 1230 SKYLINE DR. **HOPKINSVILLE KY 42240** 

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 or can be downloaded from our website.

Registered Agent and Registered Office Address WALKER WOOD THOMAS 1230 SKYLINE DR. HOPKINSVILLE, KY 42240



		current officers. All organizations must list at least one (1) officer, even in rporations are required to list a Secretary or other officer serving as record	
President	WALKER THOMAS		
Secretary	SANDRA THOMAS		
	<del></del>		and the second s
<b>Directors</b> - List the name director addresses default to the		able).No listing of directors is verification that the corporation has dispense	ed with directors. If not specified,
WALKER THOMAS			
SANDRA THOMAS			
2011. The undersigned	states that the grounds for o	September 10, 2011 because the entity did not file its a dissolution either did not exist or have been eliminated, closed is a check in the amount of \$115.00, payable to	and the entity's name
		authorizes the Kentucky Department of Revenue to rele DOME, INC. to the Secretary of State, as required for re	
If not an officer of said	entity, please provide a Decl	aration of Power of Attorney with the Reinstatement Ap	plication.
x //h	Thr	President	9/20/11
Signature of officer or c	hairman of the board (Required)	Title (Required)	Date (Réquired)



## 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: 09/30/2011

HOPKINSVILLE ROLLER DOME, 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 0220377





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

September 30, 2011

HOPKINSVILLE ROLLER DOME, INC. 1230 SKYLINE DR. HOPKINSVILLE KY 42240

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOPKINSVILLE ROLLER DOME**, **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,

Dustin Rose, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0220377

