Organization ID # 0015978 State of origin KY	Commonwealt	h of Kentu	icky	10015978.09	bschell
Filing fee \$310.00 Alise	on Lundergan Grin	nes, Secre	tary of St	Alison Lundergan Grimes Kentucky Secretary of Stat	NPRF
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstateme	Reinstatement Application and Reinstatement Annual Report For the years 1999 through 2012			
Exact organization name and principal office address EPSILON OMEGA OF KAPPA DELTA HOUSE CORPORATION 323 COLUMBIA TERRACE LEXINGTON KY 40508			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.		
	ACE				
	E W BYERS	•••	itaker		
	REFBORD	Amanda T	hompson		
Treasurer NATA		Mitzi Beno	ler'		<u></u>
Directors - Non-profit corporations must office address.	t have at least three (3) directors. All directors	of the non-profit must be	listed. If not specified,	director addresses default to the prir	ncipal
<u>Blair Whitzke</u> <u>Amanda Tho</u> <u>Mitzi Berder</u> Beverlin Burder	<u>mpson</u>				

The above entity was administratively dissolved on November 2, 1999 because the entity did not file its annual report for the year 1999. 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 273.3181. Enclosed is a check in the amount of \$310.00, 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 EPSILON OMEGA OF KAPPA DELTA HOUSE CORPORATION 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.

There Davies

If not an officer of said entity, please provide a Decla	aration of Power of Attorney with the Reinstatement Applicat	ion.
mat. Rolad	Trace the Colora L'	(, 25/202
X miti Berder	Treasurer- Honse Corporation_	6/05/046
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

July 17, 2012

EPSILON OMEGA OF KAPPA DELTA HOUSE CORPORATION 323 COLUMBIA TERRACE LEXINGTON KY 40508

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **EPSILON OMEGA OF KAPPA DELTA HOUSE CORPORATION** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Jessica Martin, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7311 FAX# 502-564-0058

Kentucky Secretary of State organization number 0015978

