Organization ID # 003998 State of origin KY Filing fee \$250.00 Ali	COMMUNICA	Ith of Kentucky mes, Secretary of S Alison Lundergan Grimes	
Alison Lundergan Grime Secretary of State P. O. Box 718 Frankfort, KY 40602-071 (502) 564-3490 http://www.sos.ky.gov	8 Reinstateme	Reinstatement Application and Reinstatement Annual Report For the years 2007 through 2016	
Exact organization name a THE MAGNA CORF P. O. BOX 11190 CINCINNATI OH 45		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 downloadec from our website.	
Registered Agent and Reg JAMES G. RAHE, J 12379 GAINES WA RICHWOOD, KY 41	R. Y		
Principal Officers - List the na specified, officer addresses default to the	me, address and title of all current officers. All principal office address. Corporations are requ	organizations must list at least one (1) officer, even in the case of a sole officer. If not ired to list a Secretary or other officer serving as records custodian	
14	NNY ENGEL 1 Siefferman Road est Harrison, IN 47060	President/Secretary/Treasurer	
Directors - List the name and add director addresses default to the principa		rectors is verification that the corporation has dispensed with directors. If not specified,	
Jenny Engel	<u>    141 Sieft</u> West Harr	Ferman Road cison, IN 47060	

The above entity was administratively dissolved on November 1, 2007 because the entity did not file its annual report for the year 2007. 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 \$250.00, 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 THE MAGNA 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.

Presider x N ex N 2 0-16 Date (Required)



## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 10/31/2016

THE MAGNA CORPORATION

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 0039983





DANIEL P. BORK Commissioner

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

ELYSE WEIGEL Deputy Commissioner

October 31, 2016

## THE MAGNA CORPORATION 141 SIEFFERMAN ROAD WEST HARRISON, IN 47060

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **THE MAGNA CORPORATION** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0039983

