

Organization ID # 0443588

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

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PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/16/2012 12:29 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 2012

RST

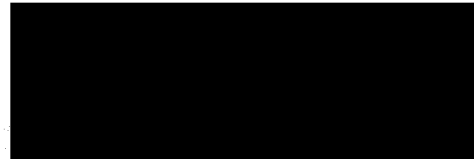
**Exact limited partnership name and if domestic, designated address or, if foreign, principal office address**

MILLER FAMILY LIMITED PARTNERSHIP  
P. O. BOX 1435  
LEXINGTON KY 40591

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**

PAUL E. MILLER  
1613 LAKEWOOD DR.  
LEXINGTON, KY 40502



**General partners** - List the name and address of the limited partnership's general partners. If not specified, addresses default to the partnership's designated office or principal office address.

John Paul Miller  
277 Swigert Ave  
Lexington Ky 40505

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 362. 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 MILLER FAMILY LIMITED PARTNERSHIP 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.

X   
Signature of partner (Required)

General Partner  
Title (Required)

11/12/12  
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

November 16, 2012

**MILLER FAMILY LIMITED PARTNERSHIP  
P. O. BOX 1435  
LEXINGTON KY 40591**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MILLER FAMILY LIMITED PARTNERSHIP** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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 limited partnership. This letter is valid for 30 days from the date of this letter.

Sincerely,

Brandon Keenon, Revenue Auditor  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-7337  
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0443588