Organization ID# State of origin Filing fee

0411895 KY

Commonwealth of Kentucky \$265.00 Elaine N. Walker, Secretary of State 0411895.09

mstratton **NPRF**

Elaine N. Walker, Secretary of State

Received and Filed: 3/29/2011 1:59 PM Fee Receipt: \$265.00

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 years 2001 through 2011

RST

Exact organization name and principal office address MOUNTAIN TOP REVIVALS, INCORPORATED **721 GLORY LAND WAY** P.O. BOX 245 **CHAVIES KY 41727**

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

CHARLES RALIEGH 721 GLORY LAND WAY P.O. BOX 245 CHAVIES, KY 41727



	 List the name, address and title of all curre s default to the principal office address. Corpora 		st one (1) officer, even in the case of a sole office or officer serving as records custodian	r. If not
Vice President	MILDRED BAKER			
Secretary	GRETA RALEIGH			
President	CHARLES RALEIGH			
Directors - Non-profi office address.	it corporations must have at least three (3) direct	ctors. All directors of the non-profit must be i	isted. If not specified, director addresses default t	the principal
CHARLES RALE	IGH			
MILDRED BAKE	R			
GRETA RALEIGI	H			
			ty did not file its annual report for the	
			e been eliminated, and the entity's na	
•			.00, payable to Kentucky State Treas	
Under penalty of pe	rjury, the below signed hereby authors to MOUNTAIN TOP REVIVALS	orizes the Kentucky Department INCORPORATED to the Secreta	of Revenue to release any applicable ory of State, as required for reinstater	e tax nent
pursuant to KRS 27		MOON OF TED TO THE OCCIOE	Ty of Otate, as required for remistator	none.
If not an officer of sa	aid entity, please provide a Declarat	tion of Power of Attorney with the	Reinstatement Application.	
v/hall	Not.	1) interest	2 25	- 11
<u> ► LAMUUX</u>	Takkan	Fresioleni		- / J
Signature of officer	or chairman of the board (Required)	Title (Required)	Date (Requ	nied)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

March 29, 2011

MOUNTAIN TOP REVIVALS, INCORPORATED 721 GLORY LAND WAY P.O. BOX 245 CHAVIES KY 41727

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **MOUNTAIN TOP REVIVALS**, **INCORPORATED** 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,

Frankie Eden, Revenue Auditor I Division of Corporation Tax 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0411895

