| Organization ID # | 0536995 KY \$115.00 | Commonwealth of Kentucky | | 0536 | 0536995.09 am | |
|--|--|---|--|---|--|---|
| State of origin Filing fee | | | n, Secretary of Sta | Receive 11/4/20 | PRPF Trey Grayson, Secretary of State Received and Filed: - 11/4/2010 11:07 AM Fee Receipt: \$115.00 | |
| Trey Grayson 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 2010 | | | RST | |
| UNTWA, IN 464 SQUIR | | orincipal office address | 2 name form. addre reinst filed c | principal office address ar /office address cannot be When reinstating, you can sese until the reinstatemen atement is filed, the statem unline at <u>app.sos.ky.gov/fts</u> loaded from our website. | changed on this not modify the ; is filed. Once the ent of change can be | |
| HARDIK PA 464 SQUIR LEXINGTO | ATEL RES CIRCLE NN, KY 40515 | | ers. All organizations must list at least one (1) | officer, even in the case of | a sole officer. | _ |
| President Vice President | | H PATEL K PATEL | - 464 Semines R | I T | | _ |
| Directors - List the na | me and address o | | ng of directors is verification that the corporat | ion has dispensed with dire | ctors. | |
| 2010. The undersigned satisfies the requirem Under penalty of period | ed states that nents of KRS 2 urv. the below | the grounds for dissolution 271B.14-210. Enclosed is signed hereby authorizes | r 2, 2010 because the entity did r n either did not exist or have been a check in the amount of \$115.00 the Kentucky Department of Rev | eliminated, and the payable to Kentuck renue to release any | entity's name y State Treasurer. applicable tax | _ |
| | | | ate, as required for reinstatement Power of Attorney with the Reins | | | |
| X-Hanh | 12 | (Required) | OFFICAR Title (Required) | | 11/3/10 Date (Required) | - |

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



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: 11/04/2010

UNTWA, INC.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

Louise Drury Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0536995





THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

DON RICHARDSON Executive Director

November 4, 2010

W. R. RAMSEY & ASSOCIATES 3201 SUMMIT SQUARE STE. 100 LEXINGTON KY 40509-2644

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **UNTWA**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2009, 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,

Jessica Honican, Revenue Auditor II Division of Corporation Tax 501 High Street, 6th Floor, Sta.69 Frankfort, KY 40601 502-564-8139 ext. 42169 FAX# 502-564-3392

Kentucky Secretary of State organization number 0536995

