Organization ID # State of origin Filing fee	0514560 KY \$20.00	Commonwealth of Kentuc Trey Grayson, Secretary of	ontucky	00831	96.09	amcray NPRF
				Trey Grayson, Secretary of Secr		ry of State
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 years 2008 through 2010			RST	
Exact organization name and principal office address BLUEGRASS TENNIS ASSOCIATION, INC. 4950 JACKS CREEK PIKE LEXINGTON KY 40515			name/office addre form. When reinst addresses until the reinstatement is file	ce address and re ess cannot be chai aling, you cannot m reinstatement is fil ed, the statement of sos.ky.gov/ftsearc ur website.	nged on this hodify the led. Once the f change can be	
STEPHANI 2414 LAKE	and Registe E ASCHMAN PARK RD E N, KY 40502	70				
	List the name, a	ddress and title of all current officers. All organizations must	list at least one (1) officer, even	in the case of a sol	le officer.	J 
Vice President Vice President Transmu	KHARA	ROTHMAN				
Directors - Non-profit of	corporations must	have at least three (3) directors. All directors of the non-profit	must be listed. Provide names a	and addresses below		
JOHN HERRING				·····		
GEOFF ROTHMAN		schmann	······································			
					· · · · · · · · · · · · · · · · · · ·	_

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. 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 \$20.00, 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 BLUEGRASS TENNIS ASSOCIATION, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not ap sticer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X Shandy	Treasure	11 (4/10
Signaldre 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

DON RICHARDSON Executive Director

November 8, 2010

## BLUE GRASS TENNIS ASSOCIATION, INC. 502 FIRST FEDERAL PLAZA 110 WEST VINE STREET LEXINGTON KY 40507

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **BLUE GRASS TENNIS ASSOCIATION, INC.** 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,

Marcia Oakman, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7315 FAX# 502-564-0058

Kentucky Secretary of State organization number 0083196

