

Organization ID # 0590096

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

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PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
2/24/2016 4:13 PM  
Fee Receipt: \$130.00

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 years 2015 through 2016

### Exact organization name and principal office address

CORNER DRUG WINCHESTER, INC.  
402 CALMES BLVD  
WINCHESTER KY 40391

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

NANCY HORN BARKER  
402 CALMES BLVD  
WINCHESTER, KY 40391

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President NANCY HORN BARKER  
Treasurer NANCY HORN BARKER

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$130.00, 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 CORNER DRUG WINCHESTER, INC. 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.

*Nancy Horn Barker*  
Signature of officer or chairman of the board (Required)

*Pres.*  
Title (Required)

*1/15/16*  
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  
<https://kewes.ky.gov>  
DES.UIT@KY.GOV

Date: 02/24/2016

CORNER DRUG WINCHESTER, INC.

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,

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

Kentucky Secretary of State organization number 0590096



**DANIEL P. BORK**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

February 24, 2016

**CORNER DRUG WINCHESTER, INC.  
402 CALMES BLVD  
WINCHESTER KY 40391**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CORNER DRUG WINCHESTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Erika REV3847, Revenue Auditor I  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-2039  
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0590096