Organization ID # 017 State of origin KY Filing fee \$115.00 A Alison Lundergan Gr Secretary of Stat P. O. Box 718 Frankfort, KY 40602- (502) 564-3490 http://www.sos.ky.c	Alison Lunderg mes P 0718 Reins	onwealth of Ke gan Grimes, Se statement Appli statement Annu For the year 20	cretary of State cation and ual Report	Alison Lundergan Grimes Kentucky Secretary of Sta Received and Filed: 9/19/2012 3:47 PM Fee Receipt: \$115.00 RST	
DEARBORN ST 361 HERITAGE SHELBYVILLE	LANE KY 40065 Registered Office Addre DEN		name/office address can form. When reinstating, yo addresses until the reinsta	ou cannot modify the tement is filed. Once the statement of change can be gov/ftsearch or can be	
specified, officer addresses default Vice President President	e name, address and title of all cu to the principal office address. Corpo REBECCA WALDEN W. ELLIOTT WALDEN	orations are required to list a Secretar	st at least one (1) officer, even in the c y or other officer serving as records cu	stodian	
Directors - List the name and director addresses default to the pri		le).No listing of directors is verification	that the corporation has dispensed wi	th directors. If not specified,	

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bschell

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 271B.14-210. 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 DEARBORN STABLE, LTD. 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 Run John	Vice President	9.17.12
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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 09/19/2012

DEARBORN STABLE, LTD.

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,

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

Kentucky Secretary of State organization number 0171297





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

September 19, 2012

DEARBORN STABLE, LTD. BOX 427 VERSAILLES, KY. 40383

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate DEARBORN STABLE, LTD. 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

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

Kentucky Secretary of State organization number 0171297



