Organization ID # 0687839 State of origin Filing fee

KY \$12.00

**Commonwealth of Kentucky** Trey Grayson, Secretary of State 0687839.09

bschell **NPRF** 

Trey Grayson, Secretary of State

Received and Filed: 11/17/2010 12:14 PM Fee Receipt: \$12.00

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** 

**Exact organization name and principal office address** MARTIN COUNTY S.A.V.E. PROGRAM, INC. **100 MAIN STREET INEZ KY 41224** 

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

**Registered Agent and Registered Office Address** 

HON. KENNIS MAYNARD 100 MAIN STREET INEZ, KY 41224



Principal Officer	s - 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.
President	KENNIS MAYNARD
Directors - Non-pro	it corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below:
KENNIS MAYNA	<u> </u>
<b>BRENDA FAYE E</b>	VANS
TIM ROBINSON	- deceased
<b>DELLA ROBINSO</b>	N
2010. The undersign	as administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year need states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name ements of KRS 273.3181. Enclosed is a check in the amount of \$12.00, payable to Kentucky State Treasurer.
Under penalty of peinformation pertain pursuant to KRS 2	erjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable taxing to MARTIN COUNTY S.A.V.E. PROGRAM, INC. to the Secretary of State, as required for reinstatement 71B.14-220.
If not an officer of s	aid entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.
X Zeno	r or chairman of the board (Required)  Title (Required)  Date (Required)
- Signature of office	or chairman or the basic (required) have (required) bate (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 16, 2010

MARTIN COUNTY S.A.V.E. PROGRAM, INC. 100 MAIN STREET INEZ KY 41224

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **MARTIN COUNTY S.A.V.E. PROGRAM, 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,

MaryLinda Wilson, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-2104 FAX# 502-564-0058

Kentucky Secretary of State organization number 0687839

