| Organization ID # State of origin Filing fee | 0541044 Ky \$115.00 E | Commonwealth of Elaine N. Walker, Secu | | III III III III III III III III IIII IIII |
|---|---|--|--|--|
| Elaine N. W Secretary of P. O. Box Frankfort, KY 40 (502) 564- http://www.so | f State 718 0602-0718 3490 | Reinstatement A Reinstatement A For the yea | nnual Report | Received and Filed: 10/4/2011 1:48 PM Fee Receipt: \$115.00 |
| AMT ARCH 3084 HER | | rincipal office address SERVICES, INC. | name/office addr form. When reins addresses until the reinstatement is fi | Ice address and registered agent ess cannot be changed on this tating, you cannot modify the e reinstatement is filed. Once the led, the statement of change can be <u>sos.ky.gov/fitsearch</u> or can be our website. |
| 692 CLOV COVINGTO Principal Officers | CRITCHER ER DR. DN, KY 41015 - List the name, ad | ed Office Address dress and title of all current officers. All organization al office address. Corporations are required to list a | is must list at issue one (1) oncer, one | |
| President | فيبتغيبه بأسيس بسيعه بسياهم | J. CRITCHER | Secretary of Obles Officer serving as to | |
| Vice President | | M. CRITCHER | | |
| Directors - List the na director addresses default to | | all directors (if applicable).No listing of directors is ve address. | erification that the corporation has disp | ensed with directors. If not specified, |
| | | | | |
| | | | | |
| | | ly dissolved on September 9, 2011 bed | | |

2011. 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 AMT ARCHITECTURAL SERVICES, 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.

| × 110enderlatet | Rresident | 7-22-11 |
|--|------------------|-----------------|
| Signature of officer or chairmap 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

BOB BROOKS Executive Director

October 4, 2011

AMT ARCHITECTURAL SERVICES, INC. 3084 HERGOTT DRIVE EDGEWOOD KY 41017

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AMT ARCHITECTURAL SERVICES**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

M. L. Parker, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0541044





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: 10/04/2011

AMT ARCHITECTURAL SERVICES, 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,

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 0541044

