| State of origin K | Alison Lunderg | onwealth of Ke Jan Grimes, Se | ntucky cretary of St Kentucky | Alison Lunderdan Grimes |
|---|---|---|---|--|
| Alison Lundergan Secretary of Si P. O. Box 71 Frankfort, KY 4060 (502) 564-349 http://www.sos.k | Reins 8 Reins 12-0718 Reins 90 For | tatement Appli statement Annu the years 2010 thro | nnual Report RST | |
| Exact organization name and principal office address THE NEWBURG ENTERPRISE, INC. 2752 7TH STREET RD LOUISVILLE KY 40215 | | | 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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website. | |
| KHALID O. AV 2752 7TH STI LOUISVILLE, Principal Officers - 4 | REET RD KY 40215 st the name, address and the of all cal | rent officers. All organizations must li | st at least one (1) officer, even in the case y or other officer serving as records custod | of a sole officer. If not |
| President | KHALID O, AWAD | 2752 5 | Seventh Streat Rd Louisu | rille KY 40215 |
| | · <u>// C · //</u> | | | - the set |
| | - <u> </u> | <u> </u> | | |
| Directors - List the name director addresses default to the | and address of all circolors (if applicable principal office address. | e).No listing of directors is verification | n that the corporation has dispensed with di | rectors. If not specified, |
| KHALID O. AWAD | | | | |
| | | 9422 (1944) - S. (| | |
| | | | | |
| | | | <i>f : the general f</i> | · · · · · · · · · · · · · · · · · · · |
| The above entity was a | Iministratively disablyed on N | ovember 2. 2010 because t | ne entity did not file (ts annual re | port for the year |
| 2010. The undersigned satisfies the requirement | states that the glounds for dis its of KRS 271B 14-210 Enclo | solution either did not exist | or have been eliminated, and th nt of \$145.00, payable to Kentuc | e entity's name cky State Treasurer |
| Under penalty of perjury | , the below signed hereby aut | horizes the Kentucky Depa | tment of Revenue to release an f State, as required for reinstate | y applicable tax |

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. .

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. PesidenT Title (Required) NO DI-10-2012 Date (Required) ٢. Δ the board (Required) officer or chairman of Signature of



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

January 24, 2012

THE NEWBURG ENTERPRISE, INC. 2752 7TH STREET RD LOUISVILLE KY 40215

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **THE NEWBURG ENTERPRISE**, **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,

Ellina Alford, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2112 FAX# 502-564-0058

Kentucky Secretary of State organization number 0566644





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: 01/24/2012

THE NEWBURG ENTERPRISE, 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,

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

Kentucky Secretary of State organization number 0566644

