Organization ID # 0724147 State of origin Filing fee

KY \$12.00

Commonwealth of Kentucky Trey Grayson, Secretary of State

0724147.09

amcray **NPRF**

Trey Grayson, Secretary of State

Received and Filed: 11/30/2010 1:21 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 SMOKETOWN TRANSFORMATION HOUSE, INC. **414 E. OAK STREET LOUISVILLE KY 40202**

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 or can be downloaded from our website.

Registered Agent and Registered Office Address

MALACHI TOBIN 414 E. OAK STREET LOUISVILLE, KY 40202



Principal Officers - List th	e name, address and title of	all current officers. All o	ganizations must list at least one (officer, even in the car 		
President Vice-President Secretary Treasurer	JAMES L. MALACHI DAULC S	Shacklet TOBIN huey		rworth L. Louisville Louisville	Ky 40203	_40215
Directors - Non-profit corporate	ions must have at least three	(3) directors. All director	s of the non-profit must be listed. P	rovide names and addre	sses below:	
JAMES L. Shace	Klertk	1707 Col	Gerusoth Lan	16 40215		
Malachi Tehi		414 EAST				_
DAVID Shuell		228 Rin	ia Road 400	27		
The above entity was admit 2010. The undersigned state satisfies the requirements of	tes that the grounds fo	or dissolution either	r did not exist or have bee	n eliminated, and	the entity's name	
Under penalty of perjury, tr information pertaining to Si pursuant to KRS 271B.14-2	MOKETOWN TRANSI	y authorizes the K FORMATION HOU	entucky Department of Re SE, INC. to the Secretary	venue to release a of State, as requir	any applicable tax red for reinstatement	
If not an officer of said entit	ty, please provide a D	eclaration of Powe	r of Attorney with the Rein	statement Applica	tion.	
X Molachia Signature of Officer or chairm	Rom	Vice-	Ar esident Title (Required)		//-/2-/C	2



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

November 30, 2010

SMOKETOWN TRANSFORMATION HOUSE, INC. 414 E. OAK STREET LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **SMOKETOWN TRANSFORMATION HOUSE, 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,

Frankie Eden, Revenue Auditor I Division of Corporation Tax 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0724147

