Organization ID # State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of

0732366.09

mstratton **NPRF**

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 2/15/2012 3:22 PM Fee Receipt: \$130.00

Alison Lundergan Grimes 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 years 2011 through 2012

RST

Exact organization name and principal office address **EQUINE ASSISTED TRANSITIONS, INC.** 224 CORNELL STREET PO BOX 1771 **HAZARD KY 41702**

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

Susan Garon, LMFT 1803 Timber Creek Road Lawrenceburg, KY 40342



specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian 1803 Timber Creek Rd. <u>President</u> SUSAN MARIE GARON Vice President **DIANA HILL** Taylor Branch Rd. Treasurer **BETTINA MERRITT** 1175 **ELIZABETH YORK** Bupass Secretary Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal **SUSAN MARIE GARON DIANA HILL BETTINA MERRITT ELIZABETH YORK**

Principal Officers - 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. If not

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 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 273.3181. Enclosed is a check in the amount of \$130.00, 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 Equine Assisted Transitions, 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.

itle (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

February 15, 2012

Equine Assisted Transitions, Inc. 224 CORNELL STREET PO BOX 1771 HAZARD KY 41702

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **Equine Assisted Transitions, 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,

Vickie Nichols, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0732366

