Organization ID #	0724384	Commonwealth of Kentucky Elaine N. Walker, Secretary of State		0724384.09 dcornish NPRE
State of origin Filing fee	KY \$115.00			Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/20/2012 10:36 AM
Elaine N. Walker 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 2011		Fee Receipt: \$115.00
Exact organization name and principal office address H.W. WILKEY P.T.O., INC. PO BOX 213 LEITCHFIELD KY 42755			name/office add form. When reins addresses until th reinstatement is f	Tice address and registered agent ress cannot be changed on this stating, you cannot modify the re reinstatement is filed. Once the iled, the statement of change can be <u>o.sos.ky.gov/ftsearch</u> or can be our website.
TAMMY PI	ERCE ACE AVENU			
Principal Officers specified, officer addresses	<ul> <li>List the name, default to the print</li> </ul>	address and title of all current officers. All organizations ncipal office address. Corporations are required to list a Se	must list at least one (1) officer, eve ecretary or other officer serving as re	n in the case of a sole officer. If not ecords custodian
President Vice President Secretary Treasurer	DONI	DL HART		
Directors - Non-profit office address.	corporations mus	t have at least three (3) directors. All directors of the non-	profit must be listed. If not specified	director addresses default to the principal
NYCOL HART DONITA ASHLEY MERRI BETH BRA TAMMY PIERCE	TCHER			

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 \$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 H.W. WILKEY P.T.O., 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.

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If not an officer of said entity, please provide a Declar	ration of Power of Attorney with the Reinstatemer	nt Application.
× Minul alait	President	9/23/11
Signature of onicer or chairman 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

April 20, 2012

## H.W. WILKEY P.T.O., INC. PO BOX 213 LEITCHFIELD KY 42755

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **H.W. WILKEY P.T.O., 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 II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0724384

