

Kentucky Secretary of State  
Trey Grayson

0074302.09 M McCulloh  
PRPF

Trey Grayson  
Secretary of State  
Received and Filed  
12/19/2007 11:10:50 AM  
Fee Receipt: \$295.00

Division of Corporations  
Business Filings

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov>

Application For Reinstatement  
(Profit Corporation)

RST

**B. G. INSURANCE AGENCY, INC.**

was administratively dissolved under KRS 271B.14-210 or revoked under KRS 271A.615 on November 1, 1995 because the corporation did not:

- file its annual report for the year 1995.

The undersigned hereby applies for reinstatement on behalf of the above named corporation and further states as follows:

1. the grounds for dissolution either did not exist or have been eliminated;
2. the corporation's name satisfies the requirements of KRS 271B.4-010; and
3. the corporation has not wound up or liquidated its business and affairs under KRS 271B.14-050 and notified claimants under KRS 271B.14-060 and KRS 271B.14-070.

The following documents and fees are enclosed with this application:

- (1) A certificate from the Kentucky Department of Revenue stating that all taxes owed by the corporation have been paid;
- (2) Reinstatement Annual Report;
- (3) A check in the amount of **\$295.00** which includes:
  - **\$100.00** reinstatement penalty fee;
  - **\$195.00** annual report fee for 1995 through 2007.
- (4) Form POC — Complete this form if a change has occurred to the current principal office address. Add \$10.00 to the total listed in section (3) if the form is being filed as part of this reinstatement.
- (5) Form RAC — Complete this form if a change has occurred to the current registered office or registered agent, or both. Add \$10.00 to the total listed in section (3) if the form is being filed as part of this reinstatement.
- (6) Articles of Amendment to the Articles of Incorporation. —If the limited liability company's name is unavailable for use at the time of reinstatement, add \$40.00 to the total in section (3) if an amendment is being filed as part of this reinstatement.
- (7) Articles of amendment to the articles of incorporation —If changing the corporation's period of duration due to expiration, add \$40.00 to the total in section (3) if an amendment is being filed as part of this reinstatement,

Date December 18, 2007

Signature 

Title President

COMMONWEALTH OF KENTUCKY  
**DEPARTMENT OF REVENUE**  
DIVISION OF CORPORATION TAX  
501 HIGH STREET  
FRANKFORT, KENTUCKY 40601

December 18, 2007

**B. G. INSURANCE AGENCY, INC.**  
P.O. Box 7366  
Louisville, KY 40207

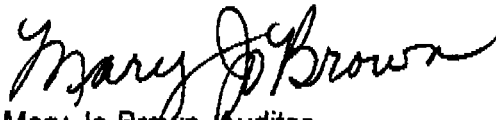
Dear Sir or Madam:

**RE: REQUEST FOR LETTER OF GOOD STANDING**

Kentucky Department of Revenue records show that B. G. INSURANCE AGENCY, INC. has filed all Kentucky Corporation returns due and paid all liabilities shown to be due or assessed as of the date of this letter. The Department of Revenue requests that the corporation's charter be reinstated providing all other requirements of the Secretary of State have been met by the corporation.

This letter must be submitted to the office of the Secretary of State within thirty (30) days to be accepted for reinstatement.

Sincerely,



Mary Jo Brown, Auditor  
Corporation Income Tax  
501 High Street, 7th Floor  
Station 52, P O Box 181  
Frankfort, KY 40601  
(502) 564-7317  
Fax (502) 564-0058

You can file your annual report online using a credit card or prepaid account. Visit our web site at [sos.ky.gov/annualreports](http://sos.ky.gov/annualreports)

COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2007



0014302

ORGANIZATION ID # 0074302 STATE OR COUNTRY OF INCORPORATION KY ORGANIZATION DATE 08/17/1976 FILING FEE \$195.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS  
Changes made to the principal office address cannot be made on this form.  
Check (3)A to request a form to be mailed or download the form from our web site

B. G. INSURANCE AGENCY, INC.  
P. O. BOX 7366  
LOUISVILLE, KY 40207

REINSTATEMENT ANNUAL REPORT  
For the years 1995 through 2007

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS  
Changes made to the registered agent or registered office cannot be made on this form.  
Complete (3) to request a form to be mailed or download form from web site.

JOSEPH H. COHEN  
SUITE 600  
MARION E. TAYLOR BLDG.  
312 SO. 4TH. ST.  
LOUISVILLE, KY 40202

(3) A.  Statement of Change of Designated or Principal Office Address Form  
B.  Statement of Change of Registered Agent or Registered Office Form  
MAIL FORM TO

James E. HAYNES  
4730 Bowling Blvd.  
Louisville, KY 40207

(4) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

President	James E. HAYNES	4730 Bowling Blvd., Lou. KY 40207
Vice-President	Michael VINE	4730 Bowling Blvd., Lou. KY 40207
Secretary		
Treasurer		

(5) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	James E. Haynes	4730 Bowling Blvd, Lou. KY 40207
Name	Michael VINE	4730 Bowling Blvd, Lou. KY 40207
Name	Adrew VINE	4730 Bowling Blvd, Lou, KY 40207
Name		
Name		

(6) Check here if you are a cooperative corporation or association organized under KRS 272.   
Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279.

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

 Signature of Officer or Chairman of the Board  
James HAYNES Type or Print Name  
President Title  
12/17/07 Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS  
Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

OFFICE LOCATION  
Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.