Organization ID # State of origin

Filing fee

0294502

Commonwealth of Kentucky \$145.00 Elaine N. Walker, Secretary of State 0294502.09

dcornish PRPF

Elaine N. Walker, Secretary of State

Received and Filed: 4/13/2011 2:20 PM Fee Receipt: \$145.00

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 years 2009 through 2011

**RST** 

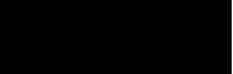
Exact organization name and principal office address

LOUISVILLE R.V. CENTER, INC. 2103 OUTER LOOP **LOUISVILLE KY 40219** 

The principal office address and registered agent eloffice 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/itsearch or can be downloaded from our website.

#### Registered Agent and Registered Office Address

TIMOTHY E. ATKINS 2103 OUTER LOOP **LOUISVILLE, KY 40219** 



	the name, address and title of a			officer, even in the case of a sole officer. If not serving as records custodian
President TIMOTHY E ATKINS Vice President KELLEY M ATKINS				
Directors - List the name at director addresses default to the p	, ,,	licable).No listing of directors	is verification that the corporat	tion has dispensed with directors. If not specified,
2009. The undersigned s	tates that the grounds for	r dissolution either did	not exist or have beer	not file its annual report for the year n eliminated, and the entity's name n, payable to Kentucky State Treasurer.
				renue to release any applicable tax ed for reinstatement pursuant to KRS
If not an officer of said er	ntity, please provide a De	claration of Power of	Attorney with the Reins	tatement Application.
X Samuther &	man of the board (Required)	Presiden	/ <del>(</del> Title (Required)	Apr. 15 2011



THOMAS B. MILLER
Commissioner

# FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

April 13, 2011

LOUISVILLE R.V. CENTER, INC. 2103 OUTER LOOP LOUISVILLE KY 40219

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LOUISVILLE R.V. CENTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Velicia Martindale, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-2194 FAX# 502-564-0058

Kentucky Secretary of State organization number 0294502





## 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 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 04/13/2011

LOUISVILLE R.V. CENTER, INC.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0294502





### **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 www.oet.ky.gov

Joseph U. Meyer Secretary

**William Monterosso Executive Director** 

Date: 04/07/2011

LOUISVILLE R.V. CENTER, INC.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

Molly Albrecht Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0294502

