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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 6/30/2014 12:55 PM Fee Receipt: \$130.00

Organization ID # 0039003 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.scs.ky.gov

Reinstatement Application and Reinstatement Annual Report For the years 2013 through 2014

RST

Exact organization name and principal office address
OMIKRON CONSTRUCTION CO.
817 COLONEL ANDERSON PKWY
LOUISVILLE KY 40222

mainstoffice address cannot be changed on this form. Wither remeding, you cannot mode the addresses until the remarkation of the had Change the reinstallarium. Is filled the swement of change can be described at appacosity approximation of can be described if from our well-tails.

The principal office address and registered agent

Registered Agent and Registered Office Address

JAMES R. SKA@GS 817 COLONEL ANDERSON ⊇KWY. LOUISVILLE, KY 40222

rincip	al Officers	Hist the name, address and title of all current of cere. All organizations must list at least one (1) officer, even in the case of a sole of cert find
yeci ləc	officer addresses	fe bulk to the principal office address. Corporations are required to list a Semetary or other officer serving as records classifical

<u>President</u>	LAMES R SKAGGS	
Treasurer	LOYCE SKAGGS	
Secretary	LOYCE SKAGGS	
		
Directors - list the presentation of the control of	name and address of all pheclose (Tapphrable).\ To the principal office podress.	bisking of directors is verification that the corporation has dispensed with directors. Chookspecified,
JAMES R SKAGO	às	
JOYCE A SKAGO	as	

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 271B.14 210. 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 OMIKRON CONSTRUCTION CO. to the Secretary of State, as required for reinstatement pursuant to KRS 2718.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X Superfuse of Street or the Proprior of the Declaration of Power of Attorney with the Reinstatement Application.

Each (Required)

DURABLE POWER OF ATTORNEY FOR JAMES R. SKAGGS

I. JAMES R. SKAGGS, a resident of Jefferson County, Kentucky, do hereby make, constitute and appoint DONNA KRAGES, as my true and lawful Attorney-in-Fact or Agent (hereinafter "Agent" for all subsequent paragraphs), to act for me in my name, place, and stead and for my use and benefit under the authority of this Durable Power of Attorney. If DONNA KRAGES is unable or unwilling, or otherwise unqualified to serve then I hereby nominate, constitute and appoint MICHAEL KRAGES, as my true and lawful Attorney-in-Fact or Agent (hereinafter "Agent" for all subsequent paragraphs), with the same authority as granted to DONNA KRAGES according to the provisions of this Durable Power of Attorney. If MICHAEL KRAGES is unable or unwilling, or otherwise unqualified to serve then I hereby nominate, constitute and appoint CRAIG A PENNINGTON, as my true and lawful Attorney-in-Fact or Agent (hereinafter "Agent" for all subsequent paragraphs), with the same authority as granted to DONNA KRAGES according to the provisions of this Durable Power of Attorney.

Thereby confer, give and grant unto my said agent full power:

- (1) To invest, reinvest and maintain invested in such stocks, bonds, notes, unsecured obligations, interests in investment trusts, mutual funds, legal and discretionary common trust funds, leases, or other securities as my said Agent may deem best, without restriction or the requirement for diversification as to kind or amount.
- (2) To lease, sell, insure, transfer, mortgage, pledge, exchange or otherwise dispose of, or encumber, any and all of my property, real, personal or mixed in which I now or hereafter have an interest, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage or transfer of same.
- (3) To borrow money in my name when deemed necessary by my said Agent upon such terms and conditions as my said Agent may deem proper and to execute such instruments as may be required for such purpose.
- (4) To buy, receive, lease, accept, or otherwise acquire in my name and for my account, property, real, personal or mixed, upon such terms, considerations and conditions as my said attorney shall deem proper.
- (5) a. To collect, sue for, compromise, or otherwise dispose of any claim, debt, rents, or share in an estate in which I now or hereafter may have an interest.
- b. To institute, prosecute, appear in, defend, compromise, arbitrate, settle or dispose of any legal, equitable or administrative hearings, actions, suits, attachments, claims or other proceedings, including government claims, to which I am or may become a party in which I have an interest; and to engage and dismiss counsel in connection therewith.

- c. To hire, engage, employ and appoint agents, employees and counsel upon such terms and conditions and at such compensation as my said Agent shall deem proper in the exercise of the powers herein granted; and to dismiss and remove at pleasure any such agents, employees and counsel as well as any agents, employees and counsel heretofore or hereafter employed by me or in my behalf.
- (6) To make, sign, endorse, execute or in any other way deal, handle and manage any and all agreements, contracts, mortgages, leases, and written documents of whatever kind and nature, including all insurance and annuity contracts and arrangements.

(7) To conduct all banking transactions including:

- a. Deposit in my name and for my account with any bank, banker, trust company or other financial institution, all monies which may come into the hands of my said Agent and all bills of exchange, drafts, checks, promissory notes, certificates of deposit and other securities for money payable or belonging to me, and for that purpose to sign my name (in the manner provided herein) and endorse the same for deposit or collection, and from time to withdraw any and all monies deposited with such bank, banker, trust company or other financial institution that has monies belonging to me, and for that purpose to draw checks and drafts thereon in my name in the manner herein provided
- b. Open and close accounts and to receive statements, notices or other documents from any bank or other financial institution concerning any and all accounts or banking transactions in my name or in which I have an interest.
- c. Endorse, cash and receive the proceeds of any and all checks, vouchers, certificates of deposit, certificates of savings or other orders for money.
- d. Have access for all purposes to any and all safety deposit boxes or vaults rented in my name or in the name of any person or persons and myself, with full power to use the same for safekeeping any property or papers, and to remove therefrom at any time, or from time to time, all or any part of the contents thereof.
 - (8) To manage and operate any business enterprise which I may own.
- (9) To create any revocable or irrevocable trust and transfer assets to such trust or transfer assets to any existing revocable or irrevocable trust which I may have established in such amounts as my said Agent shall deem appropriate. I specifically state that my Agent under this Durable Power of Attorney shall have no authority to make gifts of my estate assets.

(10) To prepare, execute and file income and any other tax returns.

Further, I hereby authorize my aforesaid Agent to perform all necessary acts in the execution of the aforesaid authorizations and generally to do any and all acts on my behalf in any other manner or thing pertaining or belonging to me with the same validity as I could effect it personally present. Thereby declare that any act or thing lawfully done by my said Agent shall be binding on myself and my heirs, legal and personal representatives and assigns.

All business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said Agent for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said Agent and the designation. "attorney-in-fact" or the initials "P.O.A.".

My said Agent shall be entitled to reasonable compensation for any and all services provided or performed pursuant to this document, and my said Agent shall incur no liability for any loss that results from mistakes or errors of judgment in the decisions made by my said Agent, where such decisions had been made in good faith.

This Durable Power of Attorney shall become effective upon the occurrence of either (1) receipt by my Agent of a written report by my treating physician based upon his or her determination that I am no longer capable of handling my own affairs due to mental incapacity or a medical diagnosis of mental incapacity, or (2) receipt of a letter from me voluntarily transferring authority (as outlined in this my Durable Power of Attorney) to my above name Agent. However, I authorize my Agent, from time to time, to act on my behalf in specific and limited situations without the happening of either (1) or (2) above, should I need assistance, e.g., preparation and filing of tax documents, without granting my Agent full authority over all of my daily affairs. This Durable Power of Attorney shall survive any incapacity that I may suffer

Any prior designation is revoked.

WITNESS my signature this	$\frac{\partial^4}{\partial x} \operatorname{day} \operatorname{of} = \frac{1}{2} \frac{\partial x}{\partial x} = \frac{1}{2} \frac{\partial x}{$			
			· Jray:	
		JAMES R. SKAGG	S	
COMMONWEALTH OF KENTUCKY)			
)			
COUNTY OF JEFFERSON)			

I, the undersigned authority, do hereby certify that the foregoing Durable Power of Attorney was this day produced before me by JAMES R. SKAGGS, and he acknowledged the execution and delivery thereof as his free act and deed this. 50° day of $\frac{1}{1000}$ execution. 2013.

My commission expires: 12/15/2015

// A Call Color Att 10 - 4 - NOTARY PUBLIC, KY State at Large

THIS INSTRUMENT PREPARED BY:

N. DARLENE RAMSEY ATTORNEY AT LAW

7424 Kavanaugh Road Crestwood, KY 40014 (502) 727-0363



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

June 30, 2014

OMIKRON CONSTRUCTION CO. 817 COLONEL ANDERSON PKWY LOUISVILLE KY 40222

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OMIKRON CONSTRUCTION CO.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Matthew REVE222, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2169 FAX# 502-564-3392

Kentucky Secretary of State organization number 0039003





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 Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 06/27/2014

OMIKRON CONSTRUCTION CO.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

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

Kentucky Secretary of State organization number 0039003

