Organization ID # 0673503 State of origin

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

0673503.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 4/29/2013 8:29 AM 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 2012 through 2013

RST

Exact organization name and principal office address KASPER ENTERPRISES, INC. P.O. BOX 21926 **LOUISVILLE KY 40221**

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

MELINDA SHIELDS 1415 CENTRAL AVENUE LOUISVILLE, KY 40208



		rrent officers. All organizations must list at least one (1) officer, orations are required to list a Secretary or other officer serving a	
President	MELINDA JEAN SHIELI	606 Windley Am	ky 40201
	name and address of all directors (if applicab t to the principal office address.	le).No listing of directors is verification that the corporation has	dispensed with directors. If not specified,
MELINDA JEAN SHIELDS		POBOX 1491 Lou. Ky 4070] 606 Winkler Are.	
2012. The undersign	ned states that the grounds for dis	eptember 11, 2012 because the entity did not fi assolution either did not exist or have been elimin osed is a check in the amount of \$130.00, paya	nated, and the entity's name
Under penalty of pe	erjury, the below signed hereby au	thorizes the Kentucky Department of Revenue to NC. to the Secretary of State, as required for rei	to release any applicable tax
If not an officer of s	said entity, please provide a Declar	ration of Power of Attorney with the Reinstateme	ent Application.
X The Signature of office	er or chairman of the board (Required)	President Title (Required)	Date (Required)



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: 04/29/2013

KASPER ENTERPRISES, INC.

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,

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

Kentucky Secretary of State organization number 0673503





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

April 26, 2013

KASPER ENTERPRISES, INC. P.O. BOX 21926 LOUISVILLE KY 40221

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KASPER ENTERPRISES, INC.** 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,

Janice Sexton, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0673503

