Organization ID # 0534704 Commonwealth of Kentucky
State of origin KY
Filing fee \$220.00 Alison Lundergan Grimes, Secretary of S

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 5/22/2012 10:40 AM Fee Receipt: \$220.00

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

RST

(502) 564-3490 http://www.sos.ky.gov	For the years 200	For the years 2005 through 2012	
Exact organization name and JRJ ENTERPRISES, II 955 ANGLIANNA AVEN LEXINGTON KY 40508	ic.	nameloffice addr form, When reins addresses until the reinstatement is fil	ce address and registered agent ess cannot be changed on this lating, you cannot modify the a reinstatement is filed. Once the ed, the statement of change can be sos.ky.gov/fisearch or can be our website.
Registered Agent and Register JOSEPH RONALD JOH A55 ANGLIANNA AVEN LEXINGTON, KY 4050 Principal Officers - List the name,	HINSON ISTRACTOR AND INCOMESSION AND INCOMESSI	ons must list at least one (1) officer, ever	n in the case of a sole officer, if not
	cipal office address. Corporations are required to list PH RONALD JOHNSON	a Secretary or other officer serving as re	cords custodian
Directors - List the name and address director addresses default to the principal officers.	of all directors (if applicable) No listing of directors is a address.	verification that the corporation has disp	ensed with directors. If not specified,
2005. The undersigned states that	vely dissolved on November 1, 2005 be t the grounds for dissolution either did 271B.14-210. Enclosed is a check in t	not exist or have been eliminat	ed, and the entity's name
Under penalty of perjury, the belo	w signed hereby authorizes the Kentuc ERPRISES, INC. to the Secretary of S	ky Department of Revenue to	elease any applicable tax
If not an officer of said entity, plea	se provide a Declaration of Power of A	ttorney with the Reinstatement	Application.
X Removed the Signature of original policy in the signature of ori	poard (Required)	DENT Tifle (Required)	S v g-J2 Date (Required)
YMMK This	hn	,	emo (i redunida)



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: 05/21/2012	
JRJ ENTERPRISES, INC.	
Dear Sir/Madam:	

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).

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

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 0534704





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

May 21, 2012

JRJ ENTERPRISES, INC. 151 PEARL LANE NICHOLASVILLE KY 40356

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JRJ ENTERPRISES**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Lisa Saylor, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2046 FAX# 502-564-3392

Kentucky Secretary of State organization number 0534704

