Organization ID # 0525807 State of origin

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

0525807.09

Fee Receipt: \$130.00

amcray PRPF

**Alison Lundergan Grimes Kentucky Secretary of State** Received and Filed: 2/2/2015 3:06 PM

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 2014 through 2015

**Exact organization name and principal office address** A-PLUS COMFORT CARE, INC. **636 COLUMBIA HWY GREENSBURG KY 42743** 

Registered Agent and Registered Office Address

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.

TIMMY JUDD				
490 WE LOBB				
GREENSBUR	G, KY 42743			
Principal Officer Lie	t the name addrage and title of all	ситенt officers. All organizations must list at le		
specified, officer addresses defau	ult to the principal office address. Co	orporations are required to list a Secretary or other of	officer serving as records cu	ıstodian
	TIMMY JUDD			
	TIMMY JUDD			
4	, ————————————————————————————————————			
,	a second		14.	
<b>Directors</b> - List the name a director addresses default to the		cable).No listing of directors is verification that the co	orporation has dispensed wi	ith directors. If not specified,
TIMMY JUDD	principal office additions.			
TRADALL SODD	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A Company of the Comp	* 2 2	to November 1
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			<del></del>	
		0 1 1 00 00111	e ara conficiencia	and an anal for the common
The above entity was ad	ministratively dissolved on	September 30, 2014 because the entidissolution either did not exist or have	ty did not lile its anni	d the entity's name
2014. The undersigned : satisfies the requirement	is of KRS 271B 14-210. Er	aclosed is a check in the amount of \$13	30.00. pavable to Ker	ntucky State Treasurer.
•		authorizes the Kentucky Department of		
under penalty of perjury, information pertaining to	, the below signed flereby a . A-PLUS COMFORT CARI	E, INC. to the Secretary of State, as re	nuired for reinstatem	ent pursuant to KRS
271B.14-220.	A-1 LOO OOMI OITI OATI	_, iivo. to the ocorotary or otate, up to	quitou for romotutom	
,	ntity inlease provide a Dec	laration of Power of Attorney with the F	Reinstatement Applic	ation
in ript and onlines on sald e	nuty, piease provide a Dec	Manufacture of Automotive and the i	tomotatomont, ppne	+ 40 10
X Jimm	Sudsl	Ouner		1-24-15
	(man of the board (Required)	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 Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 02/02/2015

A-PLUS COMFORT CARE, 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,

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

Kentucky Secretary of State organization number 0525807





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

February 2, 2015

A-PLUS COMFORT CARE, INC. 636 COLUMBIA HWY GREENSBURG KY 42743

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **A-PLUS COMFORT CARE, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/13/2013, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0525807

