ganization ID # 1063912 Commonwealth of Kentucky ate of origin KY ling fee \$115.00 Michael G. Adams, Secretary of Sta		
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicat Reinstatement Annual For the year 2021	
Exact organization name and prine MICHAEL J CASON INS AN 2216 DIXIE HIGHWAY FT MITCHELL KY 41017		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 <u>https:</u> <u>\web.sos.ky.gov\ftsearch</u> or can be downloaded from our website.
company's information here (optional):	· ·	, rent
If not specified, officer addresses default to	ddress and title of all current officers. All organizations must lis the principal office address. Corporations are required to list a Se L J CASON	t at least one (1) officer, even in the case of a sole officer. cretary or other officer serving as records custodian
Directors - List the name And address of specified, director addresses default to the pr CINDY CASON	of all directors (if applicable).No listing of directors Is verification incipal office address.	that the corporation has dispensed with directors. If Not
The above entity was administrative	ely dissolved on October 18, 2021 because the ent	ity did not file its annual report for the year

2021. 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 \$115.00, 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 Michael J Cason Ins and Fin Svcs, INC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

President Title (Required) 12-9-2021 Date (Required) ure of officer Or enarman of the board (Required)



Michael J Cason Ins and Fin Svcs, INC	Notice Date:	January 12, 202
2216 Dixie Highway	KY SoS Org. ID:	1063912
Ft Mitchell KY 41017		

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 	
	This notice will remain current for 30 days from the notice date above.	
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx. 	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Cory REV4079, Revenue Auditor I Email: Cory.Johnson@ky.gov Direct: (502) 564-7370	



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 01/11/2022

Michael J Cason Ins and Fin Svcs, INC

Dear Sir/Madam:

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

The Office 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,

Samantha Tabor unknown

Kentucky Secretary of State organization number 1063912

