Organization ID # 0790413 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/7/2016 4:29 PM Fee Receipt: \$115.00

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 year 2016

Exact organization name and principal office address

CEPOINTS, INC. 11902 SHELBYVILLE RD. **LOUISVILLE KY 40243**

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.kv.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

HUNTER GERLACH C/O GERLACH FAMILY DENTISTRY, P.S.C. 11900 SHELBYVILLE RD. LOUISVILLE, KY 40243



		urrent officers. All organizations must list at least one (1) of lorations are required to list a Secretary or other officer se	
CEO	HUNTER GERLACH		
CFO	RACHAEL GERLACH		
President	HUNTER GERLACH		
Treasurer	HUNTER GERLACH		
	name and address of all directors (if applicable to the principal office address.	ole). No listing of directors is verification that the corporation	n has dispensed with directors. If not specified,
The undersigned s	states that the grounds for dissoluti	October 1, 2016 because the entity did not fi on either did not exist or have been elimina eck in the amount of \$115.00, payable to Ko	ted, and the entity's name satisfies the
		thorizes the Kentucky Department of Reve cretary of State, as required for reinstateme	
If not an offiger of	said ahtijy, please provide a Decla	ration of Power of Attorney with the Reinsta	tement Application.
x Vits	Sill	President	10/01/2016
Signature of offic	er ovchairman of the board (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

October 7, 2016

CEPOINTS, INC. 11902 SHELBYVILLE RD. LOUISVILLE KY 40243

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CEPOINTS**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Holly REVX186, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0790413





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/07/2016
CEPOINTS, 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,
Beverly Dearborn Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272



Kentucky Secretary of State organization number 0790413



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



Kentucky Secretary of State organization number 0790413