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PRPF

Organization ID # 0197214

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

1/30/2015 12:20 PM

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 2014 through 2015

RST

Exact organization name and principal office address

KENTUCKY PARALEGAL SERVICES, INC.
6009 BROWNSBORO PARK BLVD
SUITE H
LOUISVILLE KY 40207

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/fsearch or can be

Registered Agent and Registered Office Address

SARAH MILLIKEN HOY
6009 BROWNSBORO PARK BLVD
SUITE H
LOUISVILLE, KY 40207

61-1065280

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Sole Officer SARAH MILLIKEN HOY

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

SARAH M. HOY

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$130.00, 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 KENTUCKY PARALEGAL SERVICES, 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.

X Sarah M. Hoy
Signature of officer or chairman of the board (Required)

President
Title (Required)

1/22/2015
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

January 30, 2015

**KENTUCKY PARALEGAL SERVICES, INC.
6009 BROWNSBORO PARK BLVD
SUITE H
LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KENTUCKY PARALEGAL SERVICES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Michael Y105, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7316
FAX# 502-564-0058

Kentucky Secretary of State organization number 0197214



**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: 01/30/2015

KENTUCKY PARALEGAL SERVICES, 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0197214



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Secretary

Buddy Hoskinson
Executive Director

Date: 01/30/2015

KENTUCKY PARALEGAL SERVICES, 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 0197214



**EDUCATION and WORKFORCE DEVELOPMENT CABINET
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Phone (502) 564-2272
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www.oet.ky.gov

Thomas O. Zawacki
Secretary

Buddy Hoskinson
Executive Director

Date: 01/29/2015

KENTUCKY PARALEGAL SERVICES, 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0197214