Organization ID # 0197214 State of origin KY Filing fee \$130.00 Alison	Commonwealth of Kentuc Lundergan Grimes, Secreta	-	0197214.09 amcray PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/4/2019 2:47 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 Reinstatement Annual R For the years 2018 through 2	leport	Fee Receipt: \$130.00	
Exact organization name and princ KENTUCKY PARALEGAL S 291 N. HUBBARDS LANE SUITE 172-110 LOUISVILLE KY 40207 Registered Agent and Registered C SARAH MILLIKEN HOY 331 ZORN PLACE #10 LOUISVILLE, KY 40206 If the above company is included in a par company's information here (optional): FEIN: Name:	SERVICES, INC. Diffice Address rent company's Kentucky tax return as a disregarded	name/office addr form. When reinst addresses until the reinstatement is fil	ce address and registered agent ess cannot be changed on this tating, you cannot modify the a reinstatement is filed. Once the ed, the statement of change can be <u>sos.ky.gov/fftsearch</u> or can be bur website.	
specified, officer addresses default to the principa	ress and title of all current officers. All organizations must list at least I office address. Corporations are required to list a Secretary or other AILLIKEN HOY			
Directors - List the name and address of a director addresses default to the principal office and SARAH M. HOY	Il directors (if applicable).No listing of directors is verification that the c ddress.	orporation has dispe	ensed with directors. If not specified,	

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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

President D Title (Required) Date (Required) Signature of officer or chairman of the board (Required)



KENTUCKY PARAI 291 N. HUBBARDS I SUITE 172-110 LOUISVILLE KY 40		Notice Date: KY SoS Org. ID:	February 4, 2019 0197214		
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	from filing.4. You have no outstanding tax as Collections or have a valid pay	Department of Revenue. sted this letter. tax returns as required, or you are exempt x assessments with the Division of			
WHAT YOU NEED TO DO	 copy of this letter to the Kentuc of the notice date above. 2. If you are a for-profit corpor the Secretary of State a letter of Unemployment Insurance. The 3. If you are a non-profit entity, your tax returns with the Kentu filing requirements website is: 	f you are attempting to reinstate your entity, please provide a opy of this letter to the Kentucky Secretary of State within 30 days f the notice date above. f 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 Jnemployment Insurance. Their telephone number is 502-564-6835. f you are a non-profit entity, please remember to file a copy of our tax returns with the Kentucky Attorney General. The charity fing requirements website is: http://ag.ky.gov/family/onsumerprotection/charity/Pages/registration.aspx.			
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Nicole REVX129, Taxpayer Services Specialist II Email: Nicole.McTiernan@ky.gov Direct: 502-564-2062				



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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 02/04/2019

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,

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

Kentucky Secretary of State organization number 0197214

