Organization ID # 0493614 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0493614.09

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 10/26/2022 2:26 PM Fee Receipt: \$115.00

The principal office address and registered

on this form. When reinstating, you cannot

agent name/office address cannot be changed

RST

Michael G. Adams 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 2022

Exact organization name and principal office address
PAT HARGADON INSURANCE, INC.
1201 MT EDEN RD
STE 201

T201 MT EDEN RD

STE 201

SHELBYVILLE KY 40065

modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at https://www.ntman.org/html/>https://www.ntman.org/html/
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Registered Agent	and Registered Office Address	# 1. 3 .		
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r tne above company company's informatio	is included in a parent company's l	Rentucky tax return as a disre	garded entity or a subsidiary, ple	ease provide the parent
FEN:	Name:		4	
				•
Principal Officer If not specified, officer	S - List the name, address and title of addresses default to the principal office	all current officers. All organizatio address. Corporations are required	ns must list at least one (1) officer, a to list a Secretary or other officer se	even in the case of a sole officer. erving as records custodian
Sole Officer	PAT HARGADON			
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				· · · · · · · · · · · · · · · · · · ·
Directors - U-Lu				
specified, director addres	name And address of all directors (if apsses default to the principal office addresses	plicable).No listing of directors Is value.	rerification that the corporation has d	ispensed with directors. If Not
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			es s	· <u>-</u>
The above entity wa	as administratively dissolved or	October 4, 2022 because	the entity did not file its annu	al report for the year 2022
	tates that the grounds for disso			
	of KRS 271B.14-210. Enclosed i			
Under penalty of pe	erjury, the below signed hereby	authorizes the Kentucky De	enartment of Revenue to rele	ase any applicable tax
	ing to PAT HARGADON INSUR			
KRS 271B.14-220.			•	•
f not an officer of s	aid entity, please provide a Dec	laration of Power of Attorne	v with the Reinstatement Ap	olication.
	<u></u>	<i>(</i>)		- 1 - 1 - 2 - 2
X4 and 4		Vesidet		15/16/55
Signature of office	Or chairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

PAT HARGADON INSURANCE, INC. 1201 MT EDEN RD **STE 201** SHELBYVILLE KY 40065

Notice Date: October 26, 2022 KY SoS Org. ID: 0493614

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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 1. 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.
 - 2. 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.
 - 3. 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: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 10/26/2022

PAT HARGADON INSURANCE, 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
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0493614

