Organization ID # State of origin Filing fee	0463317 KY \$115.00	Commonwealth o Elaine N. Walker, Sec	0463317.09 PRPF Elaine N. Walker, Secretary of State Received and Filed: 10/11/2011 10:12 AM Fee Receipt: \$115.00			
Elaine N. Walker 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 2011			RST	
Exact organization name and principal office address SHWAB FINANCIAL SERVICES, INC. 5005 PRESTON HWY SUITE 101 LOUISVILLE KY 40213			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>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.			
2500 BRO	S HANDMAK					
Principal Officers specified, officer addresses	- List the name, ac default to the princi	dress and title of all current officers. All organization pal office address. Corporations are required to list a	ns must list at least one (1) officer, eve a Secretary or other officer serving as re	n in the case of a s acords custodian	sole officer. If not	
President Vice President		D. BEAVERS M. SHWAB. III				

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.

HUGH SHWAB, III

JERRY D. BEAVERS

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 SHWAB FINANCIAL 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.

10-7-11 ane Х ature of officer pr chairman of the board (Required) Date (Required) itle (Required



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 11, 2011

## SHWAB FINANCIAL SERVICES, INC. 5005 PRESTON HWY SUITE 101 LOUISVILLE KY 40213

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SHWAB FINANCIAL SERVICES**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Theresa Collins, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0463317





## 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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 10/11/2011

SHWAB FINANCIAL 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 0463317

