

Organization ID # 0941521
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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PRPF
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/11/2022 10:47 AM
Fee Receipt: \$115.00

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

RST

Exact organization name and principal office address

CKL INSURANCE AND FINANCIAL SERVICES, INC.
1850 S HURSTBOURNE PKWY, STE 131
LOUISVILLE KY 40220

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 <https://web.sos.ky.gov/ftsearch> or can be downloaded

Registered Agent and Registered Office Address

CHRIS LEE
1850 S HURSTBOURNE PKWY, STE 131
LOUISVILLE, KY 40220

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: _____ Name: _____

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

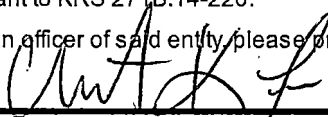
President	CHRISTOPHER LEE	

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.

The above entity was administratively dissolved on October 4, 2022 because the entity did not file its annual report for the year 2022. 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 CKL INSURANCE AND 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.

X 	PRESIDENT	10/6/2022
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)



**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: 10/11/2022

CKL INSURANCE AND FINANCIAL SERVICES, 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
unknown

Kentucky Secretary of State organization number 0941521



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

CKL INSURANCE AND FINANCIAL SERVICES, INC.
2821 S HURSTBOURNE PKWY #11
LOUISVILLE KY 40220

Notice Date: October 11, 2022
KY SoS Org. ID: 0941521

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 filing.
4. 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: Cory REV4079, Revenue Auditor II
Email: Cory.Johnson@ky.gov
Direct: (502) 564-7370