Organization ID # 0609430 State of origin KY

Commonwealth of Kentucky Filing fee \$190.00 Alison Lundergan Grimes, Secretary of Sta

0609430.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/15/2015 12:48 PM Fee Receipt: \$190.00

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 2010 through 2015

RST

Exact organization name and principal office address K ENTERPRISES OF LEXINGTON INC

JACKIE COLUMBIA'S **TAX SERVICE** 450 SUITE C SOUTHLAND DR. LEXINGTON KY 40503
Registered Agent and Registered Office Address

JOE ELLIS 1274 WHITE OAK RD STAMPING GROUND, KY 40379 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/ftsearch or can be downloaded from our website.



		e of all current officers. All organizations must list at least one ss. Corporations are required to list a Secretary or other offic	
Sole Officer	KATY HUMPHREY		
	name and address of all directors (if It to the principal office address.	applicable).No listing of directors is verification that the corpo	oration has dispensed with directors. If not specified,
		_	
The change and to the		d an Navambar 2, 2040 bassing the oritin di	d wat file its annual remark for the crear
2010. The undersig	gned states that the grounds	d on November 2, 2010 because the entity did s for dissolution either did not exist or have be J. Enclosed is a check in the amount of \$190.	en eliminated, and the entity's name
	ing to K ENTERPRISES OF	eby authorizes the Kentucky Department of R LEXINGTON INC to the Secretary of State, a	
If not an officer of s	sajd entity, please provide a	Declaration of Power of Attorney with the Rei	instatement Application.
X Set #	ungehrey	OWNER	1-8-2015
Signature of office	r or chairinan of the board (Bequired) Title (Required)	Date (Required)



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: 01/15/2015

K ENTERPRISES OF LEXINGTON 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 0609430





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

January 15, 2015

K ENTERPRISES OF LEXINGTON INC P.O. BOX 18876 PANAMA CITY BEACH FL 32417

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **K ENTERPRISES OF LEXINGTON INC** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0609430

