

Organization ID # 0703831

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0703831.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

12/23/2013 1:47 PM

Fee Receipt: \$115.00

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 year 2013

RST

Exact limited liability company name and principal office address

NICHOLASVILLE INSURANCE AGENCY, LLC
131 EDGEWOOD PLAZA
NICHOLASVILLE KY 40356

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.

Registered Agent and Registered Office Address

REBECCA TURNER
240 BITTERSWEET WAY
LEXINGTON, KY 40515

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

REBECCA TURNER

4256 Mooncoin Way, Lexington, KY 40515

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 275.295. 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 NICHOLASVILLE INSURANCE AGENCY, LLC 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 Rebecca S. Turner
Signature of member or manager (Required)

Sole member
Title (Required)

12/16/13
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

December 23, 2013

**NICHOLASVILLE INSURANCE AGENCY, LLC
218 N MAIN ST
NICHOLASVILLE KY 40356**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **NICHOLASVILLE INSURANCE AGENCY, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Holly Hannis, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7263
FAX# 502-564-0058

Kentucky Secretary of State organization number 0703831