Organization ID # 0215732 Commonwealth of Kentucky State of origin KY
Filing fee \$475.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 5/30/2014 1:21 PM Fee Receipt: \$475.00

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 1990 through 2014

RST

Exact professional service corporation name and principal office address

R. KEITH BOND, P.S.C. 118 N. LINCOLN BLVD. HODGENVILLE KY 42748 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

R. KEITH BOND 118 N. LINCOLN BLVD. HODGENVILLE. KY 42748



| specified, officer addresses defau | | | re required to list a Sec | | erving as records custodian | |
|---|----------------------------|----------------------------|--|---------------------------|--------------------------------|------------------------|
| President | B. Kertly | Bond | <u> 2907</u> | King Road | Elizabethtow | n, KY 4270. |
| Vice-President | | | | | | |
| Secretary | | | | | | |
| Treasurer | | | | | | |
| Directors - List the name all director addresses default to the p | | | ing of directors is verifi | cation that the corporati | on has dispensed with director | ors. If not specified, |
| L. Keith Bond | | 2907 | Ring Road | Elizabeth | town, KY 4270, | <i>(</i> |
| | | | | | | |
| Shareholders - List the na R. Keith Bond | ame and address of | the corporation's sharehol | ders. If not specified, s Ling Road | nareholder addresses d | | |
| 7. Tiente Corac | | | LANG NEW | ,07,04 | 10004111 15 (4 | |
| | | | | | | |
| The above entity was ad 1990. The undersigned s satisfies the requirement | tates that the gi | ounds for dissolution | n either did not e | xist or have been | eliminated, and the e | ntity's name |
| Under penalty of perjury, information pertaining to 271B.14-220. | | | | | | |
| If not an officer of said er | nti t 9, please pro | vide a Declaration o | f Power of Attorn | ey with the Reins | tatement Application. | |
| X Laith | Bond. | fr | esident | | | 5/27/14 |
| Signature of officer or cha | rman of the board (F | (equired) | Title | (Required) | | Date (Required) |

Certificate of Professional Service Corporation

I, president of said corporation certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

Signature of president of the professional service corporation (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

May 30, 2014

R. KEITH BOND, P.S.C. 2907 RING ROAD ELIZABETHTOWN KY 42702

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **R. KEITH BOND, P.S.C.** 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0215732





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: | 05/30 | /2014 |
|-------|-------|-------|
| Date. | U5/3U | /2014 |

R. KEITH BOND, P.S.C.

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 0215732

