				0511638.09 amcray	
Organization ID # 0511638 Commonwealth of Kentucky State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta				Alison Lundergan Grimes Kentucky Secretary of State	
		tement Application and Itement Annual Report For the year 2012		RST	
Exact organization name and principal office address BURKHART INSURANCE AGENCY, INC. 803 SCOTT ST COVINGTON KY 41011			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/ftesarch</u> or can be downloaded from our website.		
JAMES G. 40 W. PIKE COVINGTO	and Registered Office Address WOLTERMANN ST DN, KY 41011 - List the name, address and title of all curre		list at least one (1) officer, even in	the case of a sole officer. If not	
specified, officer addresses President	default to the principal office address. Corpora	tions are required to list a Secreta	ry or other officer serving as reco	rds custodian	
	me and address of all directors (if applicable). the principal office address.	No listing of directors is verificatio	n that the corporation has dispens	sed with directors. If not specified,	
JEFFREY J. BURKHART					
				······································	
			e de la composición d		

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 BURKHART INSURANCE AGENCY, 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.

president m N itle (Required) e of officer or chairman of the board (Required)

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

William Monterosso Executive Director

Date: 09/20/2012

BURKHART INSURANCE AGENCY, 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 0511638





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

September 20, 2012

## **BURKHART INSURANCE AGENCY, INC. 803 SCOTT ST COVINGTON KY 41011**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate BURKHART INSURANCE AGENCY, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Frankie Eden, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0511638

