Organization ID # 0667541 Commonwealth of Kentucky State of origin KY
Filing fee \$190.00 Alison Lundergan Grimes, Secretary of St

0667541.09

dcornish PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

5/8/2014 10:19 AM 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 2009 through 2014

RST

Exact organization name and principal office address
MADISON 1320 INC
1320 MADISON AVE
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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ABDALLAH ODEH 1320 MADISON AVE COVINGTON, KY 4101

COVINGTON, KY 41011				
,				
Principal Officers - List the name, add	ress and title of all current officers	. All organizations must list at leas	st one (1) officer, even in the case of	of a sole officer. If not
specified, officer addresses default to the principa	il office address. Corporations are r	required to list a Secretary or othe	r officer serving as records custodi	an

President	ABDALLAH ODEH	<u> </u>	
	e name and address of all directors (if applicable).N ult to the principal office address.	o listing of directors is verifica	tion that the corporation has dispensed with directors. If not specified
		o listing of directors is verifica	tion that the corporation has dispensed with directors. If not specified
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		o listing of directors is verifica	ition that the corporation has dispensed with directors. If not specified

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$190.00, 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 MADISON 1320 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 Abdallah Odel
Sighature of officer or chairman of the board (Required)

President Title (Required)

5-5-2014

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: 05/08/2014

MADISON 1320 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 0667541





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

May 7, 2014

MADISON 1320 INC 1320 MADISON AVE COVINGTON KY 41011

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MADISON 1320 INC** has filed Kentucky Income Tax Returns through the tax year ended December 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Gary Horne, 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 0667541

