Organization ID # 0486342 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0486342.09

mstratton PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/16/2012 12:31 PM Fee Receipt: \$130.00

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 2011 through 2012

RST

Exact organization name and principal office address
ZIPPI CASH ADVANCE, INC.
413 PARK PLAZA DR
OWENSBORO KY 42301

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

EVANGELINE INKLEBARGER 609 PARK PLAZA DRIVE OWENSBORO, KY 42301



ole Officer	EVANGELINE INKLEBARGER	
Directors - List the rector addresses default	ame and address of all directors (if applicable).No listin to the principal office address.	g of directors is verification that the corporation has dispensed with directors. If not specified,
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The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 \$130.00, 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 ZIPPI CASH ADVANCE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an efficer of said entity, please provide a Deplaration of Power of Attorney with the Reinstatement Application.

Signature of officer or chairman of the board (Required)

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

Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 11/16/2012

ZIPPI CASH ADVANCE, 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,

Jessica Harris Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0486342





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

November 16, 2012

ZIPPI CASH ADVANCE, INC. 413 PARK PLAZA DR OWENSBORO KY 42301

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ZIPPI CASH ADVANCE**, **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,

Janice Sexton, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0486342

