Organization ID # State of origin Filing fee	0204551 KY <b>\$3Adiso</b> 1	Commonwealth of K n Lundergan Grimes, S	-	1/11/2012 3:44 PM	
Alison Lunderga Secretary of P. O. Box Frankfort, KY 40 (502) 564-3 http://www.sos	State 718 602-0718 3490	Reinstatement App Reinstatement An For the years 1999 th	nual Report	RST	
Komfort P.O. Box <del>7</del> L <del>ouisvill</del>	KARE HEATI		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.goviftsearch</u> or can be downloaded from our website.		
LOUISVILLI Principal Officers -	ANBEVER <del>SONG WAY</del> <del>E, KY 40207</del> List the name, add	d Office Address CHANGE ATTACHED ress and title of all current officers. All organizations mu al office address. Corporations are required to list a Secr	st list at least one (1) officer, even	in the case of a sole officer. If not	
President Vice President	DAVID L	VANBEVER			
Directors - List the nan director addresses default to		il directors (if applicable).No listing of directors is verifica ddress.	tion that the corporation has dispe	nsed with directors. If not specified,	
				······································	
1999. The undersigne	d states that th	y dissolved on November 2, 1999 because e grounds for dissolution either did not exi 1B.14-210. Enclosed is a check in the am	st or have been eliminate	d, and the entity's name	

information pertaining to KOMFORT KARE HEATING & AIR CONDITIONING, 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.

Signature of officer or chairman of the board (Required) × President 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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 01/11/2012

KOMFORT KARE HEATING & AIR CONDITIONING, 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,

Courtney Hackworth Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0204551





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

January 11, 2012

## KOMFORT KARE HEATING & AIR CONDITIONING, INC. P.O. BOX 7565 **LOUISVILLE KY 402570565**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate KOMFORT KARE HEATING & AIR CONDITIONING, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 0204551

