Organization ID # 0295551 State of origin

Filing fee

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State 0295551.09

bschell PRPF

Elaine N. Walker, KY Secretary of State

Received and Filed: 12/19/2011 2:19 PM Fee Receipt: \$115.00

Elaine N. Walker 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 year 2011

RST

Exact organization name and principal office address COMIC EMPORIUM, INC. 115 LOCUST HILL DR. SUITE 106 **LEXINGTON KY 40509**

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

TONY A. FLORENCE 115 LOCUST HILL DR. **SUITE 106 LEXINGTON, KY 40509**



Principal Officers - List t specified, officer addresses default	he name, address and title of all curre to the principal office address. Corpor	ent officers. All organization ations are required to list a	s must list at least one (1) office Secretary or other officer serving	, even in the case of a sole officer. If not as records custodian
President / Secretary	TONY A. FLORENCE			
Directors - List the name and director addresses default to the pri	,).No listing of directors is ve	rification that the corporation has	s dispensed with directors. If not specified,
			· · · · · · · · · · · · · · · · · · ·	
2011. The undersigned sta	ates that the grounds for diss	solution either did no	t exist or have been elim	file its annual report for the year inated, and the entity's name able to Kentucky State Treasurer.
	he below signed hereby auth COMIC EMPORIUM, INC. to t			to release any applicable tax tement pursuant to KRS
If not an officer of said ent	ity, please provide a Declara	tion of Power of Atto	mey with the Reinstaten	nent Application.
X 'M		Presidur.	Severary	1215/11
Signature of officer or chain	man of the board (Required)		itle (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: 12/19/2011	
COMIC EMPORIUM, 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 0295551





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

December 19, 2011

COMIC EMPORIUM, INC. 115 LOCUST HILL DR. SUITE 106 LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **COMIC EMPORIUM, 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,

Mary Jo Brown, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7317 FAX# 502-564-0058

Kentucky Secretary of State organization number 0295551

