

Organization ID # 0658955
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Trey Grayson, Secretary of State

0658955.06

bschell
LRPF

Trey Grayson, Secretary of State
Received and Filed:
12/1/2010 1:41 PM
Fee Receipt: \$115.00

Trey Grayson
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 2010

RST

Exact limited liability company name and principal office address

INSURANCE ONE LOUISVILLE, LLC
12700 SHELBYVILLE ROAD
SUITE 109
DANVILLE BUILDING
LOUISVILLE KY 40243

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

JAMES W. SPARROW
12700 SHELBYVILLE ROAD
SUITE 109
DANVILLE BUILDING
LOUISVILLE, KY 40243

Members - List the name and address of the limited liability company's members. The annual report will be returned if business addresses are not listed.

JAMES W SPARROW

INS. ONE

127 Shelbyville Rd. Suite 109

Danville Bldg.

Lo. Ky. 40243

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 275.295. 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 INSURANCE ONE LOUISVILLE, LLC 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 James W. Sparrow
Signature of member or manager (Required)

President

Title (Required)

Nov. 29-2010
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

DON RICHARDSON
Executive Director

November 30, 2010

**INSURANCE ONE LOUISVILLE, LLC
12700 SHELBYVILLE ROAD
SUITE 109
DANVILLE BUILDING
LOUISVILLE KY 40243**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **INSURANCE ONE LOUISVILLE, LLC** has filed Kentucky Income Tax Returns through the tax year ended 2009, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Kim Carter, Revenue Program Officer
Pass Through Entity Tax Branch
501 High Street, 6th Floor, Sta. 69
Frankfort, KY 40601
502-564-7344
FAX# 502-564-3392

Kentucky Secretary of State organization number 0658955