Organization ID # 0464763 State of origin

**Commonwealth of Kentucky** Filing fee \$175.00 Alison Lundergan Grimes, Secretary of S

0464763.09

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/29/2012 3:22 PM Fee Receipt: \$175.00

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 2008 through 2012

**RST** 

Exact organization name and principal office address HARTIG PLUMBING, INC. 10105 BOB HARRIS RD **KEVIL KY 42053** 

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

JIMMY HARTIG 10105 BOB HARRIS RD **KEVIL, KY 42053** 



		orporations are required to list a Secretary or other	one (1) officer, even in the case of a sole officer. If not officer serving as records custodian
Sole Officer	JIMMY HARTIG		
	<del></del>		_ <del></del>
		· · · · · · · · · · · · · · · · · · ·	
	ame and address of all directors (if applic o the principal office address.	cable).No listing of directors is verification that the co	orporation has dispensed with directors. If not specified,
DEBRA HARTIG			
	Na : Hi		
		<u>, , , , , , , , , , , , , , , , , , , </u>	
2008. The undersign	ned states that the grounds for	dissolution either did not exist or have	did not file its annual report for the year been eliminated, and the entity's name 75.00, payable to Kentucky State Treasurer.
		authorizes the Kentucky Department or . to the Secretary of State, as required	f Revenue to release any applicable tax for reinstatement pursuant to KRS
		laration of Power of Attorney with the F	Reinstatement Application.
	Horting	Let.	10 - 26 - 12
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: 10/29/2012

HARTIG PLUMBING, 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,

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

Kentucky Secretary of State organization number 0464763





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 29, 2012

HARTIG PLUMBING, INC. 10105 BOB HARRIS RD KEVIL KY 42053

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HARTIG PLUMBING**, **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,

Charles Williams, Revenue Auditor III Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7387 FAX# 502-564-3392

Kentucky Secretary of State organization number 0464763

