Organization ID # 0602965 Commonwealth of Kentucky State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S				0602965.09 Alison Lundergan G Kentucky Secretary Received and Filed:	of State
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 year 2012			1/2/2013 3:24 PM Fee Receipt: \$115.0	00 ST
Exact organization name and p COMFORT AIR CONTRO PO BOX 70 BARDSTOWN KY 40004		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.kv.gov/ftsearch</u> or can be downloaded from our website.			
Registered Agent and Registered DONALD JURY 256 PINKSTON LANE BARDSTOWN, KY 4000 Principal Officers - List the name, add	4 liress and title of all current officers.				r. If not
specified, officer addresses default to the princip President DONAL		equired to list a Secretary or other of <u>111</u> Twin Oaks	Drive	ecords custodian	40004
Directors - List the name and address of		of directors is verification that the co	orporation has dis	pensed with directors. If not s	specified,
director addresses default to the principal office	aqaress				
		- <u> </u>			
The above entity was administrative 2012. The undersigned states that the satisfies the requirements of KRS 27 <u>Under</u> penalty of perjury, the below st information pertaining to COMFORT 271B.14-220. If not an officer of said entity, please	ne grounds for dissolution e 71B.14-210. Enclosed is a c signed hereby authorizes th AIR CONTROL, INC. to the	ither did not exist or have heck in the amount of \$1° e Kentucky Department o e Secretary of State, as re	been elimina 15.00, payabl f Revenue to quired for rei	ted, and the entity's na e to Kentucky State Tr release any applicable nstatement pursuant to	ame reasurer. e tax
Signature of officer or chairman of the of	ard (Required)	Title (Required)		Date (Requ	Jired)



## 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: 01/02/2013

COMFORT AIR CONTROL, 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 0602965





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

January 2, 2013

## **COMFORT AIR CONTROL, INC. PO BOX 70 BARDSTOWN KY 40004**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate COMFORT AIR CONTROL, 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,

Lisa Saylor, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2046 FAX# 502-564-3392

Kentucky Secretary of State organization number 0602965

