

Organization ID # 0308870
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/6/2017 1:57 PM
Fee Receipt: \$115.00

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 year 2017

RST

Exact organization name and principal office address

BEUTTEL INSURANCE, INC.
412 MADISON AVE.
COVINGTON KY 41011

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

WILLIAM C. BEUTTEL
412 MADISON AVE.
COVINGTON, KY 41011

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	WILLIAM C BEUTTEL JR	_____
_____	_____	_____
_____	_____	_____


Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

WILLIAM C BEUTTEL JR	_____
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 271B.14-210. 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 BEUTTEL INSURANCE, 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.

X		President	11-02-17
	Signature of officer or chairman of the Board (Required)	Title (Required)	Date (Required)



**COMMONWEALTH OF KENTUCKY
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
275 E MAIN ST, 2-EH
FRANKFORT, KY 40621-0001
(502) 564-2272
<https://kewes.ky.gov>
DES.UIT@KY.GOV

Date: 11/06/2017

BEUTTEL INSURANCE, 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,

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

Kentucky Secretary of State organization number 0308870



DANIEL P. BORK
Commissioner

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

November 6, 2017

**BEUTTEL INSURANCE, INC.
412 MADISON AVE.
COVINGTON KY 41011**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BEUTTEL INSURANCE, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 52
Frankfort, KY 40601
Phone# (502) 564-2169
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0308870