Organization ID # 0705970 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Stat

0705970.09

balimonos PRPF

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 8/22/2016 11:20 AM Fee Receipt: \$160.00

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 2013 through 2016

RST

Exact organization name and principal office address

TED STRODE INSURANCE, INC. 1859 COBBLESTONE COURT **BOWLING GREEN KY 42103** 

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

TED STRODE 1859 COBBLESTONE COURT **BOWLING GREEN, KY 42103** 



Sole Officer	TED STRODE		
Secretary	TED STRODE		
	name and address of all directors (if applicable to the principal office address.	ole). No listing of directors is verification that the corporation by	has dispensed with directors. If not specified,
TED STRODE			
·			
The above entity w	as administratively dissolved on S	eptember 28, 2013 because the entity did no	t file its annual report for the year
		ssolution either did not exist or have been eli	
satisfies the require	ements of KRS 271B.14-210. Encl	osed is a check in the amount of \$160.00, pa	ayable to Kentucky State Treasurer
		thorizes the Kentucky Department of Revenu	
information pertain 271B.14-220.	ing to TED STRODE INSURANCE	E, INC. to the Secretary of State, as required	for reinstatement pursuant to KRS
If not an officer of s	aid entity please provide a Decla	ration of Power of Attorney with the Reinstate	ment Application.
x ///	Start	PRESIDENT	8-19-16
1	. <i>THE LEWIS</i>	1 ~~ 3.0 ~~ .	



## 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: 08/22/2016
TED STRODE 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 0705970





DANIEL P. BORK
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

August 22, 2016

TED STRODE INSURANCE, INC. 2097 MOUNT VICTOR LN BOWLING GREEN, KY. 42103

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TED STRODE INSURANCE**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0705970

