Organization ID # 0411571 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/14/2014 11:04 AM 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 2014

RST

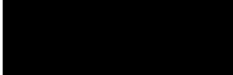
Exact organization name and principal office address

OBRAM, INC. 3819 BARDSTOWN RD **LOUISVILLE KY 40218** 

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

JENNIFER KAY PEAK 3819 BARDSTOWN RD. LOUISVILLE, KY 40218



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 JENNIFER K PEAK <u>Secretary</u> **DEBORAH K OWENS Treasurer** LAURI E KNABEL Vice President **KIMBERLY J NEUNER** 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 A. KINMAN** ROBERT KNABEL MICHAEL C PEAK RICHARD H NEUNER, JR The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 OBRAM, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

		•		F C				
f not an officer of said entity, please/provide a Declaration of Power of Attorney with the Reinstatement Application.								
<u>X</u>	Jenrifus Kay Veah		Presedent	10-10-14				
	Signature of officer of chairman of the board (Required)		Title (Required)	Date (Required)				
				· ·				



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

October 14, 2014

OBRAM, INC. 3819 BARDSTOWN RD LOUISVILLE KY 40218

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OBRAM**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Kim REVE217, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0411571





## 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 Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

Date: 10/14/2014				
OBRAM, INC.				
Dear Sir/Madam:				
	KRS 14A.7-030	(1)(f) CERTIFICAT	E	

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,

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

Kentucky Secretary of State organization number 0411571

