

Organization ID # 0824775

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0824775.06

mstratton
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/22/2013 10:59 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 2013

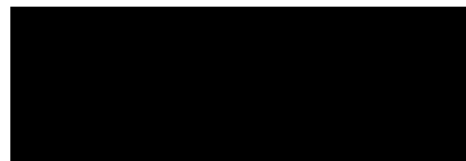
Exact limited liability company name and principal office address

LEAK DOCTOR LLC
355 MADISON RAE BLVD
SHEPHERDSVILLE KY 40165

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Darrell A. Burress
355 Madison Rae Blvd
Shepherdsville, KY 40165



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 275.295. 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 LEAK DOCTOR LLC 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.

[Signature]
Signature of member or manager (Required)

[Signature]
Title (Required)

10-21-2013
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 22, 2013

LEAK DOCTOR LLC
355 Madison Rae Blvd
Shepherdsville KY 40165

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LEAK DOCTOR LLC** has filed Kentucky Income Tax Returns through the tax year ended 2012, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

James Sutherland, Revenue Program Officer
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7359
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0824775