Organization ID # 0546777 State of origin

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

0546777.09

mstratton **NPRF** 

**Alison Lundergan Grimes** 

Kentucky Secretary of State Received and Filed: 10/27/2015 9:45 AM Fee Receipt: \$115.00

K51

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 2015

**Exact organization name and principal office address** CERTIFIED KENTUCKY PARALEGAL PROGRAM, INC. PO BOX 436115 **LOUISVILLE KY 40253** 

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.

The principal office address and registered agent

## Registered Agent and Registered Office Address

3300, LLC 3300 NATIONAL CITY TOWER 101 SOUTH FIFTH STREET LOUISVILLE, KY 40202



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

LORA D OGDEN	500 W. Jefferson St., Suite 2100, Louisville, KY 40202
LORA D OGDEN	500 W. Jefferson St., Suite 2100, Louisville, KY 40202
	734 W. Main St., Suite 100, Louisville, KY 40202
Marsha Shields	1702 Clayton Rd., Louisville, KY 40205
	on Dd. Laujavilla, VV 40205
•	on Rd., Louisville, KY 40205
•	on Rd., Louisville, KY 40205 n St., Suite 100, Louisville, KY 40202
	LORA D OGDEN  DENISE M CUNNINGTON  Marsha Shields  porations must have at least three (3) directors. All descriptions

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 273.3181. 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 CERTIFIED KENTUCKY PARALEGAL PROGRAM, 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.

Secretary/Treasurer Title (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 26, 2015

## CERTIFIED KENTUCKY PARALEGAL PROGRAM, INC. PO BOX 436115 LOUISVILLE KY 40253

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CERTIFIED KENTUCKY PARALEGAL PROGRAM, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0546777

