Organization ID # 0026378 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0026378.09

Alison Lundergan Grimes

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 2014

**Kentucky Secretary of State** Received and Filed: 7/29/2014 3:11 PM Fee Receipt: \$130.00

Exact organization name and principal office address JONES INSURANCE AGENCY, INCORPORATED **88 WEST MAIN ST HINDMAN KY 41822** 

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

JOHN VERNON JONES MAIN STREET, CORNETT BLDG. P.O. BOX 697 HINDMAN, KY 41822



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

Vice President	JOHN ROBERT MORGAN	P. 0	. Box 476, Hindman, Ky	41822
President	JOHN VERNON JONES	<b>P.</b> C	. Box 697, Hindman, Ky	41822
Secretary	GERALDINE S JONES	₽. 0	. Box 697, Hindman, Ky	41822
director addresses default to	the principal office address.	o listing of directors is verificat	on that the corporation has dispensed with direct	ctors, ir not specified,

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 271B 14-210. Enclosed is a check in the amount of \$130.00, 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 JONES INSURANCE AGENCY INCORPORATED 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.

President Title (Required)

07/23/2014

Date (Required)



## 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: 07/29/2014

JONES INSURANCE AGENCY, INCORPORATED

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,

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

Kentucky Secretary of State organization number 0026378





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

July 28, 2014

### JONES INSURANCE AGENCY, INCORPORATED 88 WEST MAIN ST HINDMAN KY 41822

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JONES INSURANCE AGENCY**, **INCORPORATED** has filed Kentucky Income Tax Returns through the tax year ended 09/30/2013, 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,

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 0026378

