Organization ID # 0159778 Commonwealth of Kentucky State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta				0159778.09 mstrat PR Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:			
Alison Lundergan ( Secretary of St P. O. Box 718 Frankfort, KY 4060 (502) 564-349 http://www.sos.ky	ate Reinstate 2-0718 Reinstate 0 Reinstat	Reinstatement Application and Reinstatement Annual Report For the year 2012			11/26/2012 8:44 AM Fee Receipt: \$115.00 <b>RST</b>		
		<u>55</u>	The principal office name/office address form. When reinstati addresses until the re reinstatement is filed filed online at <u>app.so</u> downloaded from our	s cannot be chaing, you cannot me ng, you cannot me instatement is fill the statement of s.ky.gov/ftsearc	nged on this hodify the ed. Once the f change can be		
CHRIS C. REI 819 GRIFFITH OWENSBORC	AVE.	cers. All organizations must list at least	one (1) officer, even in	the case of a so	le officer. If not		
President	CHRIS C REID	819 briff.H	Ave, Out	mik	423	0(	
Vice President Secretary	JANET REID	<u></u>	the ove	in hara	K 421 H 423		
<b>Directors</b> - List the name a director addresses default to the	nd address of all directors (if applicable).No lis	ting of directors is verification that the c	orporation has dispens	ed with directors	. If not specified		
Chris C. Reid Janet Reid	8(9 	6. H. the tre, Oven 6r. H. the tre, Owe	ibero, ky asboro, ky	42301			
2012. The undersigned s satisfies the requirement Under penalty of perjury	ministratively dissolved on Septem tates that the grounds for dissolutions of KRS 271B.14-210. Enclosed is the below signed hereby authorized BEACON INSURANCE AGENCY,	on either did not exist or have s a check in the amount of \$1 as the Kentucky Department o	been eliminated 15.00, payable to f Revenue to rele	, and the ent Kentucky S ease any app	ity's name tate Treasur blicable tax	er.	

If pot an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

KRS 271B.14-220.

( 91 . Sent/Secretar 1 X Vice A χ Title (Required) Date (Required) ture of officer or chairman of the board (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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 11/21/2012

BEACON INSURANCE AGENCY, 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,

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

Kentucky Secretary of State organization number 0159778





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

November 21, 2012

## BEACON INSURANCE AGENCY, INC. 425 EAST 18 TH STREET OWENSBORO KY 42301

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BEACON INSURANCE AGENCY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Lisa Saylor, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2046 FAX# 502-564-3392

Kentucky Secretary of State organization number 0159778

