				0160781.09 ^{ac}		acornisn PRPF
Organization ID # 0160781 Commonwealth of Kentucky State of origin KY Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta				Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/22/2012 9:39 AM		nes
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490	Reinstatement Application and Reinstatement Annual Report For the years 2010 through 2012			Fee Receipt: \$145.00		
http://www.sos.ky.gov Exact organization name and p WINSTON IRVIN INSUR			The principal office name/office addres form. When reinstat	s cannot be chan ing, you cannot mo	ged on this odify the	
380 GORHAMS LN SHELBYVILLE KY 40065			addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.			
Registered Agent and Register WINSTON G. IRVIN, JR 407 FLAT ROCK ROAD LOUISVILLE, KY 40245 Principal Officers - List the name, ad specified, officer addresses default to the princip	dress and title of all current officers. A				e officer, lf not	
MARY S IRVIN 407 F WINSTON G IRVIN. JR 407 F			Rock Rd Rock Rd	- 4024	45 45	
Directors - List the name and address of director addresses default to the principal office MARY S IRVIN WINSTON G IRVIN. JR	all directors (if applicable).No listing of address. 407 Fly 407 FlA	directors is verification that the AT ROCK RI T ROCK RI	e corporation has dispen 0 - 4024 0 - 4024	sed with directors. 5 5	If not specified,	
The above entity was administrative 2010. The undersigned states that t satisfies the requirements of KRS 2 Under penalty of perjury, the below information pertaining to WINSTON	he grounds for dissolution eit 71B.14-210. Enclosed is a ch signed hereby authorizes the	her did not exist or hav leck in the amount of \$ Kentucky Department	ve been eliminated 145.00, payable to of Revenue to rele	, and the entit Kentucky Sta ease any appl	y's name ate Treasur icable tax	er.

pursuant to KRS 271E.14-229. If not an officer of said pentity, pl entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. 12 nes han of i

Title (Required) e board (Required)

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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 05/18/2012

WINSTON IRVIN 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,

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

Kentucky Secretary of State organization number 0160781





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

May 18, 2012

WINSTON IRVIN INSURANCE AGENCY, INC. **407 FLAT ROCK RD LOUISVILLE KY 40245**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate WINSTON IRVIN INSURANCE AGENCY, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Janice Sexton, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0160781

