

## Commonwealth of Kentucky ee \$265.00 Alison Lundergan Grimes, Secretary of Sta

0520481.09

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**Alison Lundergan Grimes Kentucky Secretary of State** Received and Filed:

3/20/2014 11:08 AM Fee Receipt: \$265.00

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 years 2004 through 2014

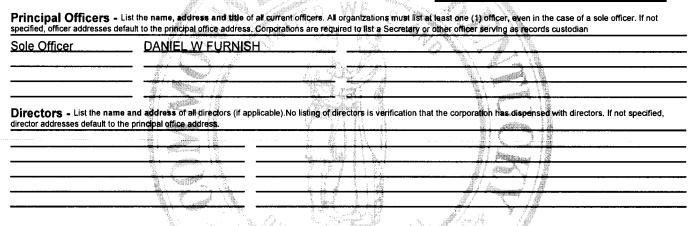
RST

**Exact organization name and principal office address** DANIEL W. FURNISH INSURANCE, INC. 105 S. MAIN STREET **CYNTHIANA KY 41031** 

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	UTTICE AGGI	<u> 255</u>
DANIEL W. ELIDNICH		Ma.

105 S. MAIN STREET CYNTHIANA, KY 41031



The above entity was administratively dissolved on November 8, 2004 because the entity did not file its annual report for the year 2004. 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 \$265.00, 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 DANIEL W. FURNISH INSURANCE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

not an officer of said entity, please provide a Decl	aration of Power of Attorney with the Reinstateme	nt Application.
x Dand Wiff	aration of Power of Attorney with the Reinstateme	3.18.m
Signature of officer or chairman of the board (Required)	Title (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 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 03/20/2014

DANIEL W. FURNISH INSURANCE, 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,

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 0520481





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

March 20, 2014

DANIEL W. FURNISH INSURANCE, INC. 3186 US 27 S CYNTHIANA KY 41031

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DANIEL W. FURNISH INSURANCE**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Janice Sexton, Taxpayer Services 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 0520481

