Organization ID # 0613081 State of origin KY

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

0613081.09

mstratton **PRPF**

Alison Lundergan Grimes

Received and Filed: 11/1/2013 12:32 PM Fee Receipt: \$115.00

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 year 2013

RST

Exact organization name and principal office address MADELINE GEORGE, INC. **3223 ALLISON WAY**

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

KIMBERLY A. KEENE 3223 ALLISON WAY LOUISVILLE, KY 40220

LOUISVILLE KY 40220



		current officers. All organizations must list at least one (1)	
President	KIMBERLEY ANN KE		
Directors - List the director addresses defau	name and address of all directors (if applic	cable).No listing of directors is verification that the corporal	ion has dispensed with directors. If not specified,
KIMBERLEY ANI	N KEENE		
2013. The undersi	gned states that the grounds for	September 28, 2013 because the entity did dissolution either did not exist or have been aclosed is a check in the amount of \$115.00	eliminated, and the entity's name
Under penalty of p information pertain 271B.14-220.	perjury, the below signed hereby a ning to MADELINE GEORGE, INC	authorizes the Kentucky Department of Rev C. to the Secretary of State, as required for	enue to release any applicable tax reinstatement pursuant to KRS
If not an officer of	said entity, please provide a Dec	laration of Power of Attorney with the Reins	tatement Application.
XImber	Unflexand	Pleadent	11-1-13
Signature of offic	er of 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:	1	1	/01	/20	13
Daic.			U	, 20	10

MADELINE GEORGE, 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,

Louise Drury Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0613081





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

November 1, 2013

MADELINE GEORGE, INC. 3223 ALLISON WAY LOUISVILLE KY 40220

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MADELINE GEORGE**, **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,

Nicole McTiernan, Revenue Auditor I 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 0613081

