Organization ID # 0808385 State of origin

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

0808385.09

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PRPF Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 3/20/2014 11:16 AM Fee Receipt: \$130.00

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 2013 through 2014

**NOI** 

Exact organization name and principal office address IMPACT GROUP, INC 7009 W KY 9

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

Vickie Christy 7009 W KY 9 Vanceburg, KY 41179

**VANCEBURG KY 41179** 



Principal Office specified, officer address	rs - List the name, address and title of all current ses default to the principal office address. Corporation	t officers. All organizations must list at least one (1) officer, evens are required to list a Secretary or other officer serving as	en in the case of a sole officer. If not records custodian	
President	VICKIE CHRISTY	X Vichue Chros	X Victure Chris	
	e name and address of all directors (if applicable).Nult to the principal office address.	o listing of directors is verification that the corporation has dis	spensed with directors. If not specified,	
	· · · · · · · · · · · · · · · · · · ·			
2013. The undersi	igned states that the grounds for dissol	ember 28, 2013 because the entity did not file lution either did not exist or have been elimina d is a check in the amount of \$130.00, payabl	ted, and the entity's name	
	, , ,	rizes the Kentucky Department of Revenue to arry of State, as required for reinstatement pur	2 11	
If not an officer of	said entity, please provide a Declaration	on of Power of Attorney with the Reinstatemen	t Application.	
X Vine	(Must)	Presides	3/17/14	
Signature of office	er 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		
Impact Group, 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 0808385





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

Impact Group, Inc 7009 W KY 9 Vanceburg KY 41179

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Impact Group, 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 0808385

