Organization ID# 0913985 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0913985.09

dwilliams **PRPF**

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

1/5/2022 9:38 AM Fee Receipt: \$115.00

The principal office address and registered

modify the addresses until the reinstatement is

on this form. When reinstating, you cannot

filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.ky.gov\ftsearch or can be downloaded

agent name/office address cannot be changed

RST

Michael G. Adams 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 2021

Exact organization name and principal office address

KATHY HINKEBEIN, INC. 3208 TRINITY ROAD **LOUISVILLE KY 40206**

Registered Agent and Registered Office Address

KAIHYHI			
	NITY ROAD		
	LE, KY 40206		
		ucky tax return as a disregarded entity or a subsidiar	y, please provide the parent
company's information FBN:	n nere (optional): Name:		
-DIV	Name		
Principal Officer	S - List the name, address and title of all c	current officers. All organizations must list at least one (1) off	icer, even in the case of a sole officer.
		ess. Corporations are required to list a Secretary or other office	
Sole Officer	KATHY HINKEBEIN		
			
Directors - List the	name And address of all directors (if applica	ble). No listing of directors is verification that the corporation	has dispensed with directors. If Not
	sses default to the principal office address.		
The above entity wa	as administratively dissolved on Oc	ctober 18, 2021 because the entity did not file its	annual report for the year
		solution either did not exist or have been elimin	
satisfies the requir	ements of KRS 271B.14-210. Enclo	osed is a check in the amount of \$115.00, paya	ble to Kentucky State Treasurer.
linder nenalty of ne	arium the helow signed hereby aut	horizes the Kentucky Department of Revenue to	release any annicable tay
		he Secretary of State, as required for reinstatem	
271B.14-220.	ing to roam rainted being into: to t	ne ocorowry or owner, as required for remainion	Total paradam to taxo
ir not an owncer of s	aid emplipiplease provide a Declara	ation of Power of Attorney with the Reinstatemer	it Application.
X / Joth	$A / L \wedge$	Gold DA DA	12/11/21
Sidesture of office	Or Mairman of the board (Required)	Title (Required)	Date (Required)
orginature or Official	Or Phantial of the poard (Ledoned)	inco (ivequieu)	Date (1 tequiles)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

Notice Date:

December 29, 2021

KY SoS Org. ID: 0913985

KATHY HINKEBEIN, INC. 3208 TRINITY ROAD **LOUISVILLE KY 40206**

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 12/29/2021		
KATHY HINKEBEIN, INC.		
Dear Sir/Madam:		

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0913985

