Organization ID # 0784490 **Commonwealth of Kentucky** State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0784490.09

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 9/29/2015 8:31 AM

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 2015

**Exact organization name and principal office address** SURMOUNT INCORPORATED 710 JARVIS WOODS TERRACE **LOUISVILLE KY 40206** 

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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.

## Registered Agent and Registered Office Address

Robin Helfers 710 Jarvis Woods Terrace Louisville, KY 40206



President	ROBÍN HELFERS			
Treasurer	KEN HELFERS			
			ii antika	
	name and address of all directors (if applicable it to the principal office address.	).No listing of directors is verificat	on that the corporation has dispensed with d	irectors. If not specified,
	2.5 2 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.			· <del>// / / / / / / / / / / / / / / / / / </del>
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		A CONTRACTOR OF THE CONTRACTOR		
	· · · · · · · · · · · · · · · · · · ·			
2015. The undersi	vas administratively dissolved on Segued states that the grounds for dissements of KRS 271B.14-210. Enclose	solution either did not exis	st or have been eliminated, and th	e entity's name
	erjury, the below signed hereby authing to Surmount Incorporated to the			
If not an office	said entity, please provide a Declara	ition of Power of Attorney	with the Reinstatement Application	on. / /
x M	1/th	Treasure		9/24/15
Signature of offic	er of chairman of the board (Required)		equired)	Date (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

September 28, 2015

Surmount Incorporated 710 Jarvis Woods Terrace Louisville KY 40206

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Surmount Incorporated** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0784490





## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 09/28/2015
Surmount Incorporated
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

Kentucky Secretary of State organization number 0784490

275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272