Organization ID # 0305392 State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S		y of Sta Alison Lundergan Grimes
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the year 2013	
Exact organization name and pr JSI OF KENTUCKY, INC 1364 S. LAUREL RD. LONDON KY 40741	nicipal once address . fr a re	he principal office address and registered agent ame/office address cannot be changed on this orm. When reinstating, you cannot modify the ddresses until the reinstatement is filed. Once the einstatement is filed, the statement of change can be led online at <u>app.sos.ky.gov/ftsearch</u> or can be ownloaded from our website.
Registered Agent and Registere CHRISTINA FINLEY 1364 S. LAUREL RD. LONDON, KY 40741	d Office Address	
specified, officer addresses default to the princip	Iress and title of all current officers. All organizations must list at least on al office address. Corporations are required to list a Secretary or other offi INA FINLEY	
<b>Directors</b> - List the name and address of a director addresses default to the principal office a	all directors (if applicable).No listing of directors is verification that the corp address.	poration has dispensed with directors. If not specified,

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$115.00, 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 JSI OF KENTUCKY, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Λŋ Х U Signature of officer or chairman of the board (Requ 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: 12/17/2013

JSI OF KENTUCKY, 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 0305392





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

December 17, 2013

## JSI OF KENTUCKY, INC. 1364 S. LAUREL RD. **LONDON KY 40741**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate JSI OF KENTUCKY, INC. has filed Kentucky Income Tax Returns through the tax year ended December 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,

Gary Horne, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0305392

