

Organization ID # 0635192

State of origin KY

Filing fee \$190.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0635192.06

mstratton

LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/5/2013 7:36 AM
Fee Receipt: \$190.00

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 2008 through 2013

Exact limited liability company name and principal office address

AMERICAN BENEFITS INSURANCE AGENCY, LLC
1821 ALLANWOOD DRIVE
LOUISVILLE KY 40214

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

DEBBIE RODGERS
1821 ALLANWOOD DRIVE
LOUISVILLE, KY 40214

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

DEBBIE RODGERS

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. 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 275.295. Enclosed is a check in the amount of \$190.00, 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 AMERICAN BENEFITS INSURANCE AGENCY, LLC 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.

X Debbie Rodgers
Signature of member or manager (Required)

Registered Agent
Title (Required)

9/16/13
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

November 4, 2013

**AMERICAN BENEFITS INSURANCE AGENCY, LLC
1821 ALLANWOOD DRIVE
LOUISVILLE KY 40214**

Re: Request for a Letter of Good Standing

The Department of Revenue acknowledges receipt of your request for a letter of good standing for **AMERICAN BENEFITS INSURANCE AGENCY, LLC**. Revenue records indicate that the limited liability company has not filed Kentucky Corporation Income and LLET returns.

Based on the information submitted, this office has determined that returns are not required as of the date of this letter. The Department of Revenue requests the limited liability company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company.

This letter is valid for 30 days from the date of this letter.

Sincerely,

Becky Breeze, Taxpayer Service Specialist I
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2117
FAX# 502-564-3392

Kentucky Secretary of State organization number 0635192