Organization ID # 0300593 State of origin

Commonwealth of Kentucky Filing fee \$175.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/6/2016 11:06 AM Fee Receipt: \$175.00

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 2012 through 2016

RST

Exact professional service corporation name and principal office address

J. F. WILLIAMSON, P.S.C., ATTORNEY AT LAW 200 SOUTH 5TH STREET **SUITE 10N LOUISVILLE KY 40202**

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

JAMES F. WILLIAMSON 4200 SOUTH 5TH STREET SUITE 10N LOUISVILLE, KY 40202



specified, officer addresses defa	st the name, address and title of all current ault to the principal office address. Corporatio	ns are required to list a Secreta	ary or other officer serving as re	ecords custodian	
Sole Officer	JAMES F. WILLIAMSON	# A		<u> </u>	
			<u> </u>		
		:		· · · · · · · · · · · · · · · · · · ·	
Directors - List the name a	and address of all directors (if applicable).No	o listing of directors is verification	on that the corporation has disp	ensed with directors. If not specified,	
JAMES F. WILLIAMSON					
	y E.		3		
		.vi		1.7	
Shareholders - List the	name and address of the corporation's share	eholders. If not specified, share	holder addresses default to the	principal office address.	
		10.			
IAMES F WILLIAM		ho y			
					
	136				
2012. The undersigned	dministratively dissolved on Septe states that the grounds for dissolute of KRS 271B.14-210. Enclosed	ution either did not exis	t or have been eliminat	ed, and the entity's name	
Under penalty of periury	y, the below signed hereby author J. F. WILLIAMSON, P.S.C., ATT	izes the Kentucky Depa	artment of Revenue to	elease any applicable tax	
If not an officer of said e	entity, please provide a Declaratio	n of Power of Attorney	with the Reinstatement	Application.	
x 1/1/1		Dres		12-31-2015	
Signature of officer or ch	nairman of the board (Required)	Title (Re	equired)	Date (Required)	
′ /	Certificate of	Professional Service	Corporation		
l, president of said corp	ation, certify that all the shareho	olders, not less than ha	If of the directors, and a	all officers other than secretary	
and treasurer of the pro	fessional service corporation are	duly qualified as provid	ed in KRS Chapter 274	and a copy of such annual	
report has been filed with hereby certify that lean authority	th the regulating board that licens ized to submit this annual report, and I declar	es the shareholders de e under penalty of perjury unde	scribed in this certifical ir the laws of Kentucky that the	e. forgoing is true and correct as of today.	
X W M					
Signature of president of	the professional service corporation (Requir	ed)			



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

January 6, 2016

J. F. WILLIAMSON, P.S.C., ATTORNEY AT LAW 200 SOUTH 5TH STREET SUITE 10N LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **J. F. WILLIAMSON**, **P.S.C.**, **ATTORNEY AT LAW** 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 professional service 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 0300593





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: 01/06/2016

J. F. WILLIAMSON, P.S.C., ATTORNEY AT LAW

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 0300593

