

Organization ID # 1085993

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Michael G. Adams, Secretary of State

1085993.09

dwilliams
PRPF

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/29/2022 3:33 PM
Fee Receipt: \$130.00

KST

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 years 2021 through 2022

Exact organization name and principal office address

SHALIMAR NORRIS INSURANCE AGENCY INC

1229 WYNDHAM FOREST CIR

LEXINGTON KY 40514

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 <https://web.sos.ky.gov/ftsearch> or can be downloaded from our website.

Registered Agent and Registered Office Address

SHALIMAR NORRIS

1229 Wyndham Forest Cir

Lexington, KY 40514

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President

SHALIMAR NORRIS

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on October 18, 2021, because the entity did not file its annual report for the year 2021. 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 \$130.00, 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 SHALIMAR NORRIS INSURANCE AGENCY 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.

X Shalimar Norris
Signature of officer or chairman of the board (Required)

President
Title (Required)

7/26/22
Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

SHALIMAR NORRIS INSURANCE AGENCY Inc
108 PASADENA DR #100
Lexington KY 40503

Notice Date: July 29, 2022
KY SoS Org. ID: 1085993

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.
3. 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: Adja REV3995, Revenue Auditor III
Email: Adja.Teuw@ky.gov
Direct: (502) 782-2500



**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: 07/29/2022

SHALIMAR NORRIS INSURANCE AGENCY 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,

John Wyche
unknown

Kentucky Secretary of State organization number 1085993