

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 2016 through 2017

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/7/2017 8:29 AM
Fee Receipt: \$130.00

Exact organization name and principal office address

ALLSTATE INSULATION INC.
4608 BITTERSWEET RD.
LOUISVILLE KY 40218

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

MATT LINTON
4608 BITTERSWEET RD.
LOUISVILLE, KY 40218

FEIN (Optional)

Principal Officers - List the name, address and title of all current officers. All organizations must list at specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or

President MATT LINTON

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.

MATT LINTON

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 ALLSTATE INSULATION 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  President 2-21-17
Signature of officer or chairman of the Board (Required) Title (Required) Date (Required)



**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: 03/06/2017

ALLSTATE INSULATION 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 0758497



DANIEL P. BORK
Commissioner

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

March 6, 2017

**ALLSTATE INSULATION INC.
4608 BITTERSWEET RD.
LOUISVILLE KY 40218**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ALLSTATE INSULATION INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0758497