Organization ID # 0547398 State of origin KY

Commonwealth of Kentucky Filing fee \$205.00 Alison Lundergan Grimes, Secretary of Sta

0547398.09

bschell **PRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 8/3/2012 8:12 AM Fee Receipt: \$205.00

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 2006 through 2012

RST

Exact organization name and principal office address BROWN FULFILLMENT ENTERPRISES, INC. 4405 ST REGIS LANE **LOUISVILLE KY 40220** 

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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.

## Registered Agent and Registered Office Address

KEITH BROWN 4405 ST REGIS LANE LOUISVILLE, KY 40220



	the name, address and title of all					
President KEITH M BROWN		<u></u>	4405 SE, RO			Louisville k
Directors - List the name at director addresses default to the	nd address of all directors (if applic principal office address.	cable).No listing of directors	is verification that th	e corporation has disp	pensed with d	irectors. If not specified,
KEITH MAURICE BROWN		Same As	About	<u> </u>		
2006. The undersigned s	ministratively dissolved on states that the grounds for s of KRS 271B.14-210. En	dissolution either did	not exist or have	vé been eliminat	ted, and th	ne entity's name
Under penalty of perjury, information pertaining to pursuant to KRS 271B.14	the below signed hereby a BROWN FULFILLMENT E 4-220.	authorizes the Kentu ENTERPRISES, INC.	cky Departmen to the Secreta	t of Revenue to ry of State, as re	release ar equired for	ny applicable tax reinstatement
X Min	ntity, please provide a Dec	laration of Power of	Attorney with the	e Reinstatemen	t Application	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 Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 08/02/2012

BROWN FULFILLMENT ENTERPRISES, 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 0547398





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

August 2, 2012

BROWN FULFILLMENT ENTERPRISES, INC. 4405 ST REGIS LANE LOUISVILLE KY 40220

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BROWN FULFILLMENT ENTERPRISES**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Vickie Nichols, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0547398

