Organization ID # 0422299 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of St Kentucky Secretary of State

0422299.09

amcray PRPF

Alison Lundergan Grimes

Received and Filed: 11/8/2012 1:35 PM Fee Receipt: \$160.00

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 2009 through 2012

**RST** 

Exact organization name and principal office address KARMAN KIDS, INC. 513 CLUB LN **LOUISVILLE KY 40207** 

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 **MARGARET A KARMAN** 513 CLUB LN **LOUISVILLE, KY 40207** 



		ent officers. All organizations must list at least one (1) officer, eve ations are required to list a Secretary or other officer serving as n	
President Secretary	MARGARET A KARMAN ROBERT J KARMAN		
900100011			
	name and address of all directors (if applicable) It to the principal office address.	.No listing of directors is verification that the corporation has disp	pensed with directors. If not specified,
2009. The undersign	ned states that the grounds for diss	vember 3, 2009 because the entity did not file its solution either did not exist or have been eliminat sed is a check in the amount of \$160.00, payable	ed, and the entity's name
		orizes the Kentucky Department of Revenue to ecretary of State, as required for reinstatement p	
If not an officer of s		tion of Power of Attorney with the Reinstatement PRESIDEAT	Application. ///4//2
Sign/ature of office	er or chairman of the board (Required)	Title (Required)	Date (R≢quired)



## 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: 11/08/2012		
KARMAN KIDS, 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,

Stacey Miller
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0422299





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 8, 2012

KARMAN KIDS, INC. 513 CLUB LN LOUISVILLE KY 40207

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KARMAN KIDS**, **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,

Mark Kuyper Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2118 FAX# 502-564-0058

Kentucky Secretary of State organization number 0422299

