Organization ID # 0773899 State of origin

## Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0773899.09

Alison Lundergan Grimes

**Kentucky Secretary of State** Received and Filed: 1/14/2014 12:58 PM Fee Receipt: \$30.00

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 2013 through 2014

 $N_{OI}$ 

Exact organization name and principal office address PROSAT, INC. **513 GABLEWIND CIR LOUISVILLE KY 40245** 

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

MICHAEL R. MERCER 12711 TOWNEPARK WAY LOUISVILLE, KY 40243



Principal Office specified, officer address	rs - List the name, address and title of all curre	ent officers. All organizations must list at least one (1) officer ations are required to list a Secretary or other officer serving	, even in the case of a sole officer. If not as records custodian
President	BILL RENWICK		
Secretary	MARTIN C HORNEK		
	name and address of all directors (if applicable).  ult to the principal office address.	.No listing of directors is verification that the corporation has	dispensed with directors. If not specified,
·			
2013. The undersi	gned states that the grounds for dissi	otember 28, 2013 because the entity did not fool of olution either did not exist or have been elimited is a check in the amount of \$130.00, paya	inated, and the entity's name
		orizes the Kentucky Department of Revenue ry of State, as required for reinstatement purs	
If not an officer of	said entity, please provide a Declarat	tion of Power of Attorney with the Reinstatem	ent Application.
x///	1	Secretary	Hulis
Signature of office	er or chairman of the board (Required)	Title (Required)	Date (Required)

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THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

January 14, 2014

PROSAT, INC. 513 GABLEWOOD CIR LOUISVILLE KY 40245

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PROSAT**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Brad Butcher, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0773899





## 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 Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

Date: 01/14/2014				
PROSAT, INC.				
Dear Sir/Madam:				
	KRS 14A.7-030	O(1)(f) CERTIFICA	ATE.	

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 0773899

