| Secretary         Treasurer         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 September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$115.00, payable to Kentucky State Treasure Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to BURSHTEYN INSURANCE GROUP, INC. to the Secretary of State, as required for reinstatement pursuant  | State of origin F<br>Filing fee \$115.00  | <b>A Y</b>   | monwealth of Ken<br>ergan Grimes, Sec   | retary of  | 4587.09 mstra<br>Lundergan Grimes  |  |
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| United States Corporation Agents, Inc.<br>9900 CORPORATE CAMPUS DRIVE<br>SUITE 3000<br>LOUISVILLE, KY 40223  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<br>specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian<br>President<br>Scretary<br>Treasurer 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,<br>director addresses default to the principal office address.<br>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,<br>director addresses default to the principal office address.<br>The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year<br>2013. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity sname<br>satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasure<br>Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax<br>information pertaining to BURSHTEYN INSURANCE GROUP, INC. to the Secretary of State, as required for reinstatement pursuant<br>KRS 271B.14-220.<br>If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.<br>Prescient 1019213  | BURSHTEYN<br>3415 BARDS<br>SUITE 303  | N INSURANCE GROUP,<br>TOWN RD.   |   | name/office address c<br>form. When reinstating<br>addresses until the reins<br>reinstatement is filed, th<br>filed online at <u>app.sos.k</u>   | annot be changed on this<br>you cannot modify the<br>statement is filed. Once the<br>e statement of change can be<br><u>y.gov/ftsearch</u> or can be |  |
| President       Scitato Slav       Buseluleuu         Vice-President       Secretary         Treasurer       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 September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$115.00, payable to Kentucky State Treasure         Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to BURSHTEYN INSURANCE GROUP, INC. to the Secretary of State, as required for reinstatement pursuant KRS 271B.14-220.         If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.         President       Iol9113  | United States<br>9900 CORPO<br>SUITE 3000<br>LOUISVILLE<br>Principal Officers - L | s Corporation Agents, Inc<br>DRATE CAMPUS DRIVE<br>, KY 40223  | all current officers. All organizations must list   | at least one (1) officer, even in th<br>or other officer serving as records  | e case of a sole officer. If not custodian   |  |
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| X D President 10/9/13   | 2013. The undersigned<br>satisfies the requirement                                | I states that the grounds fo<br>nts of KRS 271B.14-210. E<br>v. the below signed hereby  | r dissolution either did not exist or<br>Enclosed is a check in the amount<br>authorizes the Kentucky Departr | r have been eliminated, a<br>t of \$115.00, payable to k<br>ment of Revenue to relea   | nd the entity's name<br>Centucky State Treasure<br>se any applicable tax   |  |
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|   | information pertaining t<br>KRS 271B.14-220.                                      | <del>entity, ple</del> ase provide a De  | claration of Power of Attorney wit  | th the Reinstatement App   | lication.  |  |
| Signature or emcerger chairman or the board (Required)  | information pertaining t<br>KRS 271B.14-220.                                      | <del>entity, ple</del> ase provide a De  |   | th the Reinstatement App   | incation.  |  |
|   | information pertaining t<br>KRS 271B.14-220.<br>If not an officer of said         |  |   | th the Reinstatement App   | 1019/13  |  |
|   | information pertaining t<br>KRS 271B.14-220.<br>If not an officer of said         |  |   | in the Reinstatement App<br>روال (red)   | 1019/13  |  |
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## 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 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 12/18/2013

BURSHTEYN INSURANCE GROUP, 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 0844587





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

December 18, 2013

## BURSHTEYN INSURANCE GROUP, INC. 3415 BARDSTOWN RD. SUITE 303 LOUISVILLE KY 40218

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BURSHTEYN INSURANCE GROUP, 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,

Brandon Keenon, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7337 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0844587

