

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006151**

1. Corporation Name

ENERGY MANAGEMENT & SERVICES COMPANY OF KENTUCKY

Principal Place of Business

Mailing Address

460 WILSON AVE.
VERSAILLES KY 40383

PO BOX 1007
VERSAILLES KY 40383

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
109 Fieldview Drive

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Versailles, KY

Zip **40383** Country **USA**

Zip Country

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

61-1169506

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	HONN, T.D.	4125 PLANTAGENET DRIVE	LEXINGTON KY 40513
WT	HAINES, DUANE	6005 SECRETARIAT CIRCLE	VERSAILLES KY 40383
DSV	SMITH, MARY	2312 ROCKY HILLS LANE	VERSAILLES KY 40383
V	CHASTAIN, TIMOTHY M	250 DEERWOOD DR.	PACOLET SC 29372

700025127997
12/01/03 01073 000 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Susan J. Metz

Susan J. Metz

Assistant Secretary

Date **11-24-03**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mary A. Smith
MARY A. Smith V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/12/03**

Daytime Phone # **859 873 0076**

CR2ED40 (7/03)