Organization ID # State of origin Filing fee \$115.0	0206514 KY 00 Alisor				Kentuc Secreta		020651 Alison Lun	dergan Grim	dwilliams PRPF ies
Secretary of P. O. Box Frankfort, KY 40 (502) 564-	Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov						Received and Filed: 11/6/2018 9:25 AM Fee Receipt: \$115.00		
Exact organization J C S ENTE 1034 TROT LEXINGTO	RPRISES, INC WOOD DR		2 <u>55</u>			name/office ad form. When rei addresses until reinstatement is	Idress cannot b instating, you can the reinstatements filed, the statem pp.sos.ky.gov/f	Ind registered a the changed on the nnot modify the nt is filed. Once the nent of change c tsearch or can b	his he an be
Registered Agent an LAWERENG 1034 TROT LEXINGTOI If the above company i company's information FEIN: Principal Officers specified, officer addresses	CE L. LAMBERT WOOD DR. N, KY 40511 s included in a pa here (optional): Name:	rent company's Ker	ent officers. A	All organization	s must list at least	FEIN (Opti	ven in the case o	of a sole officer. I	ent
President	20 20 1 2000 Do. 1		ations are rec	puned to list a	Secretary of other	Officer serving as			
Vice President	% <u></u> **********			<u> </u>					
Treasurer		LAMBERT		<u>.</u>					
Secretary			~~						
Directors - List the na director addresses default to).No listing of	directors is ve	erification that the c	corporation has di	ispensed with dir	ectors. If not spe	cified,
	19529		<u>v</u>	Nicur					
The above entity was The undersigned star requirements of KRS Under penalty of per information pertainin 271B.14-220.	tes that the group 271B.14-210 iury, the below s	inds for dissolutio Enclosed is a chec ioned hereby auth	n either di k in the a norizes the o the Secr	2018 beca d not exist mount of \$ e Kentucky retary of St	use the entity or have been 115.00, payab Department c ate, as require	eliminated, a ble to Kentucl of Revenue to	ind the entity ky State Trea o release any	/'s name sati asurer. y applicable t	isfies the tax

If not an officer of said entity please provide a Declaration of Power of Attorney with the Reinstatement Application.

Х Signature of officer or chairman of the board (Required) Title (Required)

Date (R



J C S ENTERPRISES, INC. 1034 TROTWOOD DR LEXINGTON KY 40511 Notice Date: November 5, 2018 KY SoS Org. ID: 0206514

RE:	Letter of Good Standing Request - Approved					
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.					
OUR DETERMINATION	We verified the following information.					
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 					
	This notice will remain current for 30 days from the notice date above.					
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. 					
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Nicole REVX129, Taxpayer Services Specialist II Email: Nicole.McTiernan@ky.gov Direct: 502-564-2062					



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 11/05/2018

J C S 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,

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

Kentucky Secretary of State organization number 0206514

