

0341104.09 balimonos PRPF

Organization ID # 0341104
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/1/2014 2:59 PM
Fee Receipt: \$115.00

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 year 2014

RST

Exact organization name and principal office address

MCCANDER ENTERPRISES, INC.
8904 SWEET BAY PL
LOUISVILLE KY 40242

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/ftssearch or can be

Registered Agent and Registered Office Address

JOHN R. ALEXANDER
2303 JANLYN ROAD
LOUISVILLE, KY 40299

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 specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	<u>JOHN R ALEXANDER</u>	_____
Secretary	<u>JOHN R ALEXANDER</u>	_____
Treasurer	<u>JOHN R ALEXANDER</u>	_____
Vice President	<u>LINDA C ALEXANDER</u>	_____

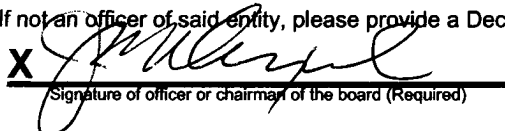
Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

<u>LINDA C. ALEXANDER</u>	_____
<u>JOHN R. ALEXANDER</u>	_____
_____	_____
_____	_____

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MCCANDER ENTERPRISES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X 	<u>PRESIDENT</u>	<u>11-15-14</u>
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

December 1, 2014

**MCCANDER ENTERPRISES, INC.
8904 SWEET BAY PL
LOUISVILLE KY 40242**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MCCANDER ENTERPRISES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 2013, 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,

James REVE277, Taxpayer Services Specialist II
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7359
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0341104



**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: 12/01/2014

MCCANDER 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0341104