Organization ID # 0600604 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

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Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/9/2015 1:48 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 2015

NOT

Exact organization name and principal office address HZW, LTD. **874 FAIRVIEW ROAD CAMPBELLSVILLE KY 42718**

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

EDDIE LEE HAZELWOOD JR 874 FAIRVIEW ROAD CAMPBELLSVILLE, KY 42718



Principal Officers specified, officer addresse	 List the name, address and title of all curre is default to the principal office address. Corpora 	nt officers. All organizations must list at least one (1) officer, tions are required to list a Secretary or other officer serving a	even in the case of a sole officer. If not as records custodian
Sole Officer	EDDIE LEE HAZELWOOD), JR	
	name and address of all directors (if applicable). to the principal office address.	No listing of directors is verification that the corporation has	dispensed with directors. If not specified,
10.000 10.			

2015. The undersig	ned states that the grounds for disso	tember 12, 2015 because the entity did not fil olution either did not exist or have been elimin ed is a check in the amount of \$115.00, paya	nated, and the entity's name
		orizes the Kentucky Department of Revenue t State, as required for reinstatement pursuan	
If not an officer of s	aid entity, please provide a Declarati	on of Power of Attorney with the Reinstateme	ent Application.
X Addu	or chairman of the board (Required)	President Title (Required)	10-06-15
Signature or Univer	or chamman of the poent (Madenay)	rue (reduited)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 9, 2015

HZW, LTD. 874 FAIRVIEW ROAD CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HZW**, **LTD**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0600604





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 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/09/2015
HZW, LTD.
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 0600604