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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 9/7/2012 2:10 PM Fee Receipt: \$160.00

Organization ID # 0535507 Commonwealth of Kentucky State of origin KY
Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State

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 years 2009 through 2012

**RST** 

Exact organization name and principal office address

I.E. ERECTORS, INC. 1134 EADS RD VERONA KY 41092 The principal office address and registered agent nameloffice 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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address
DIANE SNYDER

1134 EADS RD VERONA, KY 41092



Principal Officers - Li specified, officer addresses defa	st the <b>name, address and title</b> of all c ault to the principal office address. Con	urrent officers. All organizations must list a porations are required to list a Secretary or	it least one (1) officer, even in the other officer serving as record	he case of a sole officer. If not s custodian
President	DIANE SNYDER		,	
Vice President	JOSEPH SNYDER			
Directors - List the name director addresses default to the		ole).No listing of directors is verification that	at the corporation has dispense	d with directors. If not specified,
				· · · · · · · · · · · · · · · · · · ·
2009. The undersigned	states that the grounds for di	lovember 3, 2009 because the a ssolution either did not exist or losed is a check in the amount o	have been eliminated, a	and the entity's name
Under penalty of perjury information	, the below signed hereby au	thorizes the Kentucky Departme Secretary of State, as required	ent of Revenue to relead	ase any applicable tax suant to KRS 271B.14-220.
If not an officer of said e	ntity, please provide a Decla	ration of Power of Attorney with	the Reinstatement Apr	olication.
x Mare	perman of the board (Required)	President		8-13-12
gignature of officer or ch	parmati of the board (Required)	Title (Require	·a)	Date (Required)



## 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 Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 09/07/2012		

Dear Sir/Madam:

I.E. ERECTORS, INC.

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 0535507





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

September 7, 2012

I.E. ERECTORS, INC. 1134 EADS RD VERONA KY 41092

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **I.E. ERECTORS**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Frankie Eden, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0535507

