

0680309.09 mstratton PRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/17/2017 2:42 PM
Fee Receipt: \$235.00

Organization ID# 0680309
State of origin KY
Filing fee \$235.00
Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0680309

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 2017

RST

Exact organization name and principal office address

CHARLES NEWBERRY, INC.
290 PISTOL RIDGE ROAD
P.O. BOX 628
CAMPBELLSVILLE KY 42719

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the address used on the reinstatement filed. Once the

Registered Agent and Registered Office Address

CHARLES NEWBERRY
290 PISTOL RIDGE ROAD
P.O. BOX 628
CAMPBELLSVILLE, KY 42719

If the above company is included in a parent company's Kentucky tax return as a disregarded entity, or a subsidiary, please provide the parent company's information here (optional):
FEIN: _____ Name: _____

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 record custodian

President: CHARLES NEWBERRY Po Box 528 Campbellsville, Ky 42719
Vice President: CHARLES NEWBERRY
Secretary: KIM PARKER
Treasurer: TRACY NEWBERRY

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

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$235.00, 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 CHARLES NEWBERRY, 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.

Please indicate the county in which your business operates:
County: Taylor

To complete the following, please shade the box completely.

Please indicate the size of your business:
 Small (Fewer than 50 employees)
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:
 Women-Owned Veteran-Owned Minority-Owned

Please indicate which of the following best describes your business:
 Agriculture Mining Services Construction
 Wholesale Trade Retail Trade Manufacturing Finance, Insurance, Real Estate
 Public Administration Transportation, Communications, Electric, Gas, Sanitary Services
 Other - Oil

X *Charles Newberry* _____ *3-14-17*
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

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

March 17, 2017

**CHARLES NEWBERRY, INC.
290 PISTOL RIDGE ROAD
P.O. BOX 528
CAMPBELLSVILLE KY 42719**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CHARLES NEWBERRY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Rada REV6015, Taxpayer Services Specialist II
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7336
FAX# 502-564-3392

Kentucky Secretary of State organization number 0680309



**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: 03/17/2017

CHARLES NEWBERRY, 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 0680309