Organization ID # 0780410 State of origin

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

0780410.09

11/6/2017 2:43 PM

Fee Receipt: \$115.00

Dcornish

**Alison Lundergan Grimes Kentucky Secretary of State** Received and Filed:

NOI

Date (Required)

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 2017

Exact organization name and principal office address PARSONS ENTERPRISES, INC. 221 FAIRWAY DRIVE **CAMPBELLSVILLE KY 42718** 

Signature of officer or chairman of the board (Required)

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	l Registered Office Addre	\$5	FEIN (Optional)
MIRANDA C.			
221 FAIRWAY			
CAMPBELLS	VILLE, KY 42718		
If the above company is	included in a parent company	s Kentucky tax return as a disregard	ded e
company's information he			
FEIN:	Name:		
Principal Officers - specified, officer addresses de	List the <b>name, address and title</b> of fault to the principal office address.	all current officers. All organizations must lis Corporations are required to list a Secretary	st at least one (1) officer, even in the case of a sole officer. If not or other officer serving as records custodian
President	DAVID BRANDON P	ARSONS	
President	MIRANDA PARSON		
TTOOIGOTT	<u> </u>		
Directors - List the nam	e and address of all directors (if app	olicable). No listing of directors is verification	that the corporation has dispensed with directors. If not specified,
director addresses default to t			
The above entity was a	administratively dissolved c	on October 9, 2017 because the	entity did not file its annual report for the year 2017.
The undersigned state	s that the grounds for disso	olution either did not exist or have	e been eliminated, and the entity's name satisfies the
requirements of KRS 2	271B.14-210. Enclosed is a	check in the amount of \$115.00	, payable to Kentucky State Treasurer.
•			
Under penalty of perju	to DADSONS ENTERDRIS	y authorizes the Rentucky Depar	tment of Revenue to release any applicable tax te, as required for reinstatement pursuant to KRS
271B.14-220.	IU PARSONS ENTERPRIS	523, INC. to the Secretary of Sta	te, as required for remotatement pursuant to title
			ish the Deinstelement Amplication
			ith the Reinstatement Application.
X Minal	a Parama	President	11-1-17

Title (Required)



DANIEL P. BORK
Commissioner

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

November 6, 2017

PARSONS ENTERPRISES, INC. 221 FAIRWAY DRIVE CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PARSONS ENTERPRISES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2169 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0780410





## 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: 11/06/2017
PARSONS 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,

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

Kentucky Secretary of State organization number 0780410

