Organization ID # 0506314	Commonwealth of Kentucky		
State of origin KY			0506314.09 amcray
Filing fee \$115.00 Alison Alison Lundergan Grimes Secretary of State		ent Application and	Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/30/2014 12:45 PM
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatem	ent Annual Report the year 2014	
Exact organization name and p AWNINGS PLUS, INC. 8803 GLOXINIA DRIVE LOUISVILLE KY 40258	rincipal office address	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.	
Registered Agent and Registered CALVIN COOMES 7562 DIXIE HWY. LOUISVILLE, KY 40258 Principal Officers - List the name, add	dress and title of all current officers. Al		
specified, officer addresses default to the principal office address. Corporations are re President CALVIN COOMES		11red to list a Secretary or other officer serving	
	TH	11914 Pond Creek Dr	- Lank 40272
Directors - List the name and address of a director addresses default to the principal office a		lirectors is verification that the corporation has	dispensed with directors. If not specified,
		· · · · · · · · · · · · · · · · · · ·	
			
		······	
The above entity was administrativel 2014. The undersigned states that the satisfies the requirements of KRS 27	he grounds for dissolution eith 71B.14-210. Enclosed is a ch	ner did not exist or have been elim eck in the amount of \$115.00, pay	inated, and the entity's name able 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 AWNINGS PLUS, 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.

RES PQ <u>X</u> Title (Required) Signature of officer or chairman of the board (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

October 30, 2014

AWNINGS PLUS, INC. 8803 GLOXINIA DRIVE LOUISVILLE KY 40258

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AWNINGS PLUS, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 31, 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,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0506314





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 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 10/30/2014

AWNINGS PLUS, 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,

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

Kentucky Secretary of State organization number 0506314

