Organization ID # 0861014 State of origin

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

0861014.09

Alison Lundergan Grimes

**Kentucky Secretary of State** Received and Filed: 10/13/2015 12:39 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

**Exact organization name and principal office address** JTGRIFFIN, INC. 8907 WOODEN HORSE DRIVE **LOUISVILLE KY 40229** 

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

James E Griffin 8907 Wooden Horse Drive Louisville, KY 40229



Principal Office specified, officer address	rs - List the name, address and title of all cur ses default to the principal office address. Corpo	rent officers. All organizations must list at least one (1) officer, or rations are required to list a Secretary or other officer serving a	even in the case of a sole officer. If not is records custodian
President	JIM GRIFFIN		
	e name and address of all directors (if applicable	e).No listing of directors is verification that the corporation has o	dispensed with directors. If not specified,
2015. The unders	igned states that the grounds for dis	eptember 12, 2015 because the entity did not fil solution either did not exist or have been elimir used is a check in the amount of \$115.00, paya	nated, and the entity's name
Under penalty of pinformation pertain	perjury, the below signed hereby aut ning to JTGriffin, Inc. to the Secretar	horizes the Kentucky Department of Revenue t y of State, as required for reinstatement pursua	to release any applicable tax ant to KRS 271B.14-220.
		ation of Power of Attorney with the Reinstateme	
X L	2 this	Pusalat	10/8/15
Signature of office	er or chartean of the board (Required)	Titlé (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 13, 2015

JTGriffin, Inc. 6407 Bardstown Rd #282 Louisville, KY 40291

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JTGriffin, Inc.** 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0861014





## 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: 10/13/2015
JTGriffin, 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 0861014