Organization ID # 0557015 State of origin KY Filing fee \$175.00 Aliso Alison Lundergan Grimes Secretary of State	Commonwealth of n Lundergan Grimes, Reinstatement Ap	Secretary of S	0557015.09 balimonos PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/10/2019 8:02 AM Fee Receipt: \$175.00
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Ap For the years 2015	nnual Report	RST
Exact organization name and prin R & P CABINETS AND WI 47 J.D. DRIVE EDDYVILLE KY 42038	<u>icipal office address</u> HOLESALE COUNTERTOPS, INC	name/office add form; When rein addresses until t reinstatement is	ffice address and registered agent dress cannot be changed on this istating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be <u>p.sos.ky.gov/ftsearch</u> or can be n our website.
Registered Agent and Registered RICHARD M. WESTBY 47 J.D. DRIVE EDDYVILLE, KY 42038 If the above company is included in a pr company's information here (optional): FEIN: Name:	Office Address arent company's Kentucky tax return as a dis	regard	t
specified, officer addresses default to the princip President RICHAR	dress and title of all current officers. All organizations val office address. Corporations are required to list a Se CD M WESTBY		
Directors - List the name and address of director addresses default to the principal office a	all directors (if applicable).No listing of directors is verif address.	ication that the corporation has dis	pensed with directors. If not specified,
2015. The undersigned states that the satisfies the requirements of KRS 2.	ly dissolved on September 12, 2015 because the grounds for dissolution either did not of 71B.14-210. Enclosed is a check in the a	exist or have been eliminat mount of \$175.00, payable	ted, and the entity's name e to Kentucky State Treasurer.
information pertaining to R & P CAB reinstatement pursuant to KRS 2718		OPS, INC to the Secretary	of State, as required for
If not an officer of said entity, please X Signature of officer or chairman of the bo	e provide a Declaration of Power of Attom ard (Required) Title	ey with the Reinstatement GAA (Required)	t Application.



R & P CABINETS AND WHOLESALE COUNTERTOPS,	Notice Date:	October 9, 2019
INC	KY SoS Org. ID:	0557015
509 Pine St EDDYVILLE KY 42038		

<i>RE</i> :	Letter of Good Standing Request - Approved		
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.		
OUR DETERMINATION	We verified the following information.		
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 		
	This notice will remain current for 30 days from the notice date above.		
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. 		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Tonja REV3883, Taxpayer Services Specialist I Email: Tonja.Lilly@ky.gov Direct: 502-564-7289		



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 10/09/2019

R & P CABINETS AND WHOLESALE COUNTERTOPS, INC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0557015

