· ·			0606018.09 kdcoleman PRPF
Organization ID # 0606018 State of origin KY Filing fee \$235.00	Commonwealth of Ker Michael G. Adams, Secreta	-	Michael G. Adams Kentucky Secretary of State Received and Filed: 6/23/2021 9:05 AM
Michael C. Adama			Fee Receipt: \$235.00
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applic Reinstatement Annu For the years 2013 thro	al Report	RST
Exact organization name and REVAMP, INC. 730 SALLIE DR. ASHLAND KY 41102	principal office address	name/office add form, When reins addresses until th reinstatement is fi	Tico address and registered agent ress cannot be changed on this staling, you cannot modily the le reinstatement is filed. Once the lied, the statement of change can be <u>osos,ky,gov/ftsearch</u> or can be our website.
Registered Agent and Register JOSH SALLEY 412 W. VANBIBBER R ASHLAND, KY 41102 If the above company is included in company's information here (option FEIN:Name:	OAD a parent company's Kentucky tax return as a disregard al):	j	
	e, address and title of all current officers. All organizations must lis rincipal office address. Corporations are required to list a Secretary		
	HUA MICHAEL SALLEY	of other onicer serving as it	
Vice President DON	ALD RAY SALLEY	· · ·	
<u> </u>	·		<u></u>
	ss of all directors (if applicable).No listing of directors is venification ffice address.		pensed with directors. If Not specified,
······································			
·			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
2013. The undersigned states the satisfies the requirements of KR Under penalty of perjury, the be information pertaining to REVAN	ntively dissolved on September 28, 2013 because that the grounds for dissolution either did not exist of S 271B.14-210. Enclosed is a check in the amount low signed hereby authorizes the Kentucky Depart AP, INC. to the Secretary of State, as required for the asse provide a Declaration of Power of Attorney with the board (Required) Title (Required) Title (Required)	or have been eliminat of \$235.00, payable ment of Revenue to r reinstatement pursua th the Reinstatement	ed, and the entity's name to Kentucky State Treasurer. elease any applicable tax nt to KRS 271B.14-220.
· /			· · · ·
	· · · · · ·	.*	
)	•	,	

:



REVAMP, INC. 730 Sallie Dr. ASHLAND KY 41102

Notice Date:	June 17, 2021
KY SoS Org. ID:	0606018

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.		
SUMMARY			
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 II 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: 06/17/2021

REVAMP, 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 0606018

