Organization ID # 0766718

Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St Kentucky Secretary of State

0766718.09

amcray PRPF

Received and Filed: 10/21/2014 9:45 AM 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 2014

RST

Exact organization name and principal office address MAK MAC TRUCKING, INC. **679 BUCKSHIRE GLEN FLORENCE KY 41042**

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

DONALD A. BOLLMAN 137 HALEY LANE **WALTON, KY 41094**



Principal Officer specified, officer address	S - List the name, address and title of es default to the principal office address.	all current officers. All of Corporations are require	rganizations must list at least one (ed to list a Secretary or other office	1) officer, even in the case or serving as records custodi	of a sole officer. If not an
President	MIKE MCWILLIAMS				
	name and address of all directors (if ap It to the principal office address.	plicable).No listing of dire	ectors is verification that the corpor	ation has dispensed with dir	ectors. If not specified,
MIKE MC	Williams	679 Buch	shire Glen,	Florence, K	y 41042.
2014. The undersignatisfies the require	vas administratively dissolved or grounds from the grounds from the grounds from the grounds of KRS 271B.14-210.	or dissolution eithe Enclosed is a che	er did not exist or have been ok in the amount of \$115.0	en eliminated, and the 0, payable to Kentuc	e entity's name cky State Treasurer.
Under penalty of p information pertain 271B.14-220.	erjury, the below signed hereb ning to MAK MAC TRUCKING,	y authorizes the K INC, to the Secre	entucky Department of Re tary of State, as required for	evenue to release an or reinstatement purs	y applicable tax suant to KRS
If not an officer of	said entity, please provide a D	eclaration of Powe	er of Attorney with the Rein	statement Application	n.
xh, U.Y	y cellein	PRES	ident		115/14
Signature of office	er or chairman of the board (Required)		Title (Required)		Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 20, 2014

MAK MAC TRUCKING, INC. 679 BUCKSHIRE GLEN FLORENCE KY 41042

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MAK MAC TRUCKING**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0766718





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 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 10/17/2014

MAK MAC TRUCKING, 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,

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

Kentucky Secretary of State organization number 0766718

