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Alison Lundergan Grimes Kentucky Secretary of State

Kentucky Secretary of Sta Received and Filed: 5/29/2014 10:55 AM Fee Receipt: \$190.00

Organization ID # 0686219 Commonwealth of Kentucky
State of origin KY
Filing fee \$190.00 Alison Lundergan Grimes, Secretary of State

0686219

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 years 2009 through 2014

RST

Exact organization name and principal office address
TRUE SECURITY PRODUCTS LTD.
225 LOCUST GROVE WAY
VERSAILLES KY 40383

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating you cannot modify the

Registered Agent and Registered Office Address

C. STEVEN ROBINSON 225 LOCUST GROVE WAY VERSAILLES, KY 40383

915-9082108

President	efault to the principal office address. Cor	porations are required to list a Secretary	or other officer serving as recon	ds custodian	110797
Vice-President	O SIGGI ACOIL	<u> 156n 9030</u>	Troy Pike Vers	ailes, KY	<u>4000</u> 5
Secretary	Jennifer B P	Sobinson 9030	Trov Pike, Vor	11 AC VV	गारुक द्वा
Treasurer		spirotic true	HOY FIRE IN	STILLES' DE	<u> TUD 9</u> 5
Directors - List the name director addresses default to the	e and address of all directors (if applica ne principal office address.	ble). No listing of directors is venfication (hat the corporation has dispense	ed with directors. If not s	pecified,
		4.			
acco. The undersigned	states that the drounds for di	lovember 3, 2009 because the ssolution either did not exist o losed is a check in the amount	have heen eliminated	and the entities no	
Under penalty of periur	v. the below signed hereby as	ithorizes the Kentucky Departr CTS LTD, to the Secretary of S	nent of Pevenue to rele-	on any annicable	44.
if not an officer/of said	entity, please provide a Decla	ration of Power of Attorney wit	h the Reinstatement Apr	olication	
X LST	Sof-	President		5/22/1	4
Signature of officer or cl	nairman of the board (Required)	Title (Requi	ed)	Date (Requi	red)



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: 05/29/2014

TRUE SECURITY PRODUCTS LTD.

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,

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

Kentucky Secretary of State organization number 0686219





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

May 29, 2014

TRUE SECURITY PRODUCTS LTD. 9030 TROY PIKE VERSAILLES, KY. 40383

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRUE SECURITY PRODUCTS LTD.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

M. L. REV1608, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0686219

