Organization ID # 0051821 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

For the year 2020

0051821.09

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Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 11/4/2020 11:10 AM **Reinstatement Application and** Fee Receipt: \$115.00 **Reinstatement Annual Report**

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact organization name and principal office address

TRICO SWEEPER CO. 3203 DIXIE HWY. **ERLANGER KY 41018**

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.

	t and Registered Office Address	FEIN (Optional)
	KIRKWOOD	
3203 DIX		
	SER, KY 41018	
	ny is included in a parent company's Kentuck	y tax return as a disregarded
company s informat FEIN:	ion here (optional): Name:	
-CII4	(Adillic.	
Principal Office	FS = List the name, address and title of all current of	ficers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not
specified, officer address	ses default to the principal office address. Corporations	s are required to list a Secretary or other officer serving as records custodian
President	ROBERT J KIRKWOOD	
Secretary	BONNIE L KIRKWOOD	
300.010.7		
Directors - List the	e name And address of all directors (if applicable).No l	isting of directors is verification that the corporation has dispensed with directors. If Not specified,
	ult to the principal office address.	•
		
····		
		
The above entity v	was administratively dissolved on Octobe	r 8, 2020 because the entity did not file its annual report for the year 2020.
The undersigned	states that the grounds for dissolution eit	her did not exist or have been eliminated, and the entity's name satisfies the
		the amount of \$115.00, payable to Kentucky State Treasurer.
Under nenalty of r	neriury, the helow signed hereby authoriz	res the Kentucky Department of Revenue to release any applicable tax
information perhal	ning to TRICO SWEEPER CO. to the Se	cretary of State, as required for reinstatement pursuant to KRS
271B.14-228.		,
If not on officer of	said aditionate a provide a Dadaration	of Power of Attorney with the Reinstatement Application.
ir not an onocer or	salu entity, please provide a Deciaration	of Fower of Attorney with the remistatement Application.
X AMM	1/1/2 CM/MINTEL	President 10-20-2000
Signature of office	per Or chairman of the board (Required)	Title (Required) Date (Required)
Signature or onic	or orallian or the board (required)	(induite)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

TRICO SWEEPER CO. 3203 DIXIE HWY. ERLANGER KY 41018

Notice Date:

November 4, 2020

KY SoS Org. ID: 0051821

RE: 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.

1. You are registered with the Department of Revenue.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

4. 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 1. 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
 - 2. 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.
 - 3. 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 https://kewes.ky.gov UITax@KY.GOV

Date: 11/04/2020	
TRICO SWEEPER CO.	
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
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0051821

