Organization ID # 0778823 State of origin KY Filing fee \$130.00

# Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams

Kentucky Secretary of State Received and Filed: 12/15/2021 7:06 AM Fee Receipt: \$130.00

NO

Michael G. Adams 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 2020 through 2021

Exact organization name and principal office address

CHUX TRUX INC. 387 OXMOOR DR. ELIZABETHTOWN KY 42701

Signature of officer Or chairman of the board (Required)

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 <a href="https://www.https://wwb.sos.ky.gov/iftsearch">https://wwb.sos.ky.gov/iftsearch</a> or can be downloaded from our website.

<b>Registered Agent</b>	and Registered Office Add	<u>iress</u>			
CHUCK F	PALMER				
387 OXM	OOR DR.				
ELIZABET	HTOWN, KY 42701				
f the above company	is included in a parent compa	ny's Kentucky tax	k return as a disregarde		ent
company's informatio	n here (optional):				
FEN:	_ Name:				
Principal Officer	'S - List the name, address and taddresses default to the principal of	ditie of all current of office address. Corr	ficers. All organizations must lis porations are required to list a Se	t at least one (1) officer, ever ecretary or other officer servin	in the case of a sole officer. g as records custodian
President	CHARLES PALM	ER			
Secretary	MELINDA PALME	R ,			
		• .			
	name And address of all directors		sting of directors Is verification	that the corporation has dispe	nsed with directors. If Not
	44 - 50		1.00		
		<del></del>			
The undersigned s	as administratively dissolves states that the grounds for o of KRS 271B.14-210. Enclo	dissolution eith	er did not exist or have be	een eliminated, and the	entity's name satisfies
	erjury, the below signed he ning to CHUXTRUXINC. to				
If not an efficer of s	aid entity, please provide a	Declaration of	Power of Attorney with th		ation.

Title (Required)

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

CHUX TRUX INC. 387 OXMOOR DR. **ELIZABETHTOWN KY 42701**  Notice Date: December 14, 2021

KY SoS Org. ID: 0778823

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.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 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 date above.
  - 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



# 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: 12/14/2021	
CHUX TRUX 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 0778823

