Organization ID # 0917923 State of origin KY

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0917923.09

Date (Required)

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/8/2018 1:04 PM 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 2017

Signature of officer or chairman of the board (Required)

Exact organization name and principal office address STAR MAINTENANCE SERVICES INCORPORATED 6702 BROOK BEND WAY LOUISVILLE KY 40229 Registered Agent and Registered Office Address		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. FEIN (Optional)
Principal Officers - List the name, address specified, officer addresses default to the principal officer	and title of all current officers. All organizations must list at le se address. Corporations are required to list a Secretary or o	east one (1) officer, even in the case of a sole officer. If not other officer serving as records custodian
President CARLOS RIG		
		
Directors - List the name and address of all dire director addresses default to the principal office address		the corporation has dispensed with directors. If not specified,
CARLOS RICO		
The undersigned states that the grounds	ssolved on October 9, 2017 because the entit for dissolution either did not exist or have be osed is a check in the amount of \$115.00, pa	ty did not file its annual report for the year 2017. een eliminated, and the entity's name satisfies the ayable to Kentucky State Treasurer.
Under penalty of periury, the below signs	ed hereby authorizes the Kentucky Departme	
If not an officer of said entity, please pro-	vide a Declaration of Power of Attorney with t	
X Color Rica	Owner	03/15/2018

Title (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

Star Maintenance Services Incorporated 6702 Brook Bend Way Louisville KY 40229

Notice Date: March 8, 2018 KY SoS Org. ID: 0917923

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.
- 3. 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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 03/08/2018 Star Maintenance Services Incorporated 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 0917923

