Organization ID # 0186827 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0186827.09

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 10/6/2015 2:35 PM Fee Receipt: \$115.00

**RST** 

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

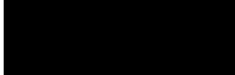
## Reinstatement Application and Reinstatement Annual Report For the year 2015

Exact organization name and principal office address
M. & B. SURPLUS CO., INC.
128 W. MAIN ST.
GRAYSON KY 41143

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="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address

JAMES T. MARTIN RT. 3, BOX 468 GRAYSON, KY 41143



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		rent officers. All organizations must list at least one (1) officer, e rations are required to list a Secretary or other officer serving as	
President	JAMES FRANKLIN MAR		
Vice President	WILLIAM R. MARTIN		
<b>Directors</b> - List the nar director addresses default to		).No listing of directors is verification that the corporation has di	ispensed with directors. If not specified,
			<del></del>
2015. The undersigned	ed states that the grounds for diss	ptember 12, 2015 because the entity did not file solution either did not exist or have been elimina sed is a check in the amount of \$115.00, payab	ated, and the entity's name
Under penalty of perjo	ury, the below signed hereby auth	norizes the Kentucky Department of Revenue to the Secretary of State, as required for reinsta	release any applicable tax
If not an officer of sai	d entity, please provide a Declara	tion of Power of Attorney with the Reinstateme	nt Application.
X willing 11	m	VILLE PRESIDENT	9-24-15
Signature of officer or	r 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 WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2015

M. & B. SURPLUS CO., INC. 128 W. MAIN ST. GRAYSON KY 41143

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **M. & B. SURPLUS CO., INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0186827





## 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: 10/06/2015

M. & B. SURPLUS CO., 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,

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

Kentucky Secretary of State organization number 0186827

