Organization ID # 0198127 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

185 1**4 8**6 1 **646 18**1 138 134 **8 6 6** 0198127.09

1/21/2016 2:15 PM

Fee Receipt: \$130.00

mstratton

**Alison Lundergan Grimes** Kentucky Secretary of State Received and Filed:

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 2015 through 2016

**NOT** 

Exact organization name and principal office address PARIS POOL SUPPLY, INC. **4223 G LEXINGTON RD PARIS KY 40361** 

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/fisearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

**ELIZABETH BOWMAN** 806 MAIN ST. **PARIS, KY 40361** 



President	ELIZABETH BOWMAN	orations are required to list a Secretary or other officer serving	
Vice President	AMY PRATT		
Directors - List the name	ne and address of all directors (if applicable the principal office address.	e).No listing of directors is verification that the corporation has	dispensed with directors. If not specified,
ELIZABETH BOWM	AN		
AMY PRATT			
BEVERLY LITTLE			
<del></del>			
2015. The undersigne	d states that the grounds for dis	eptember 12, 2015 because the entity did not fi solution either did not exist or have been elimi osed is a check in the amount of \$130.00, paya	nated, and the entity's name
Under penalty of perjuinformation pertaining 271B.14-220.	ry, the below signed hereby aut to PARIS POOL SUPPLY, INC.	horizes the Kentucky Department of Revenue to the Secretary of State, as required for reins	to release any applicable tax tatement pursuant to KRS
If not an officer of said	entity, please provide a Declar	ation of Power of Attorney with the Reinstateme	ent Application.
- A	Il bowman	President	1-15-16



## 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: 01/21/2016
PARIS POOL SUPPLY, 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,

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

Kentucky Secretary of State organization number 0198127





DANIEL P. BORK
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

January 21, 2016

PARIS POOL SUPPLY, INC. 4223 G LEXINGTON RD PARIS KY 40361

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PARIS POOL SUPPLY, 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0198127

