Organization ID # 0340528 State of origin

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

0340528.09 **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/3/2017 12:59 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

Exact organization name and principal office address		The principal office address and registered agent
BRUCE EDGE PLUMBING, INC.		name/office address cannot be changed on this form. When reinstating, you cannot modify the
8875 KENTUCKY HWY. 54		addresses until the reinstatement is filed. Once the
WHITESV	/ILLE KY 42378	reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address		FEIN (Optional)
BRUCE E		
•	NTUCKY HWY. 54	
WHITES\	VILLE, KY 42378	
	ly is included in a parent company's Kentucky tax return as a dis	sregarded
company's information	on here (optional): Name:	
LIIV.	Name	
Principal Officer	rs - List the name, address and title of all current officers. All organizations	must list at least one (1) officer, even in the case of a sole officer. If not
	ses default to the principal office address. Corporations are required to list a S	ecretary or other officer serving as records custodian
President	DAVID BRUCE EDGE	
Secretary	MARY R EDGE	
	name and address of all directors (if applicable).No listing of directors is ver	ification that the corporation has cispensed with directors. If not specified
	name and address of all directors (if applicable). No listing of directors is ver lt to the principal office address.	fication that the corporation has cispensed with directors. If not specified
		ification that the corporation has cispensed with directors. If not specified
		ification that the corporation has cispensed with directors. If not specified
		ification that the corporation has cispensed with directors. If not specified
		fication that the corporation has cispensed with directors. If not specified
		fication that the corporation has cispensed with directors. If not specified
lirector addresses defau	It to the principal office address.	
lirector addresses defau	vas administratively dissolved on October 9, 2017 becaus	e the entity did not file its annual report for the year 20
The above entity with a undersigned s	vas administratively dissolved on October 9, 2017 becaus states that the grounds for dissolution either did not exist of	e the entity did not file its annual report for the year 20 or have been eliminated, and the entity's name satisfie
Fine above entity with a undersigned s	vas administratively dissolved on October 9, 2017 becaus	e the entity did not file its annual report for the year 20 or have been eliminated, and the entity's name satisfie
The above entity working the undersigned sequirements of KF	vas administratively dissolved on October 9, 2017 becaus states that the grounds for dissolution either did not exist of	e the entity did not file its annual report for the year 20 or have been eliminated, and the entity's name satisfied 15.00, payable to Kentucky State Treasurer.
The above entity work the undersigned sequirements of KF Under penalty of profession pertain 2718.14-220.	vas administratively dissolved on October 9, 2017 becaus states that the grounds for dissolution either did not exist of RS 271B.14-210. Enclosed is a check in the amount of \$1 perjury, the below signed hereby authorizes the Kentucky lies.	e the entity did not file its annual report for the year 20 or have been eliminated, and the entity's name satisfie 15.00, payable to Kentucky State Treasurer. Department of Revenue to release any applicable tax of State, as required for reinstatement pursuant to KRS

20-11 Title (Required) Date (Required) of the board (Required)



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: 11/03/2017	
BRUCE EDGE PLUMBING, I	NC.
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 0340528





DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 3, 2017

BRUCE EDGE PLUMBING, INC. 8875 KENTUCKY HWY. 54 WHITESVILLE KY 42378

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BRUCE EDGE PLUMBING, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Holly REVX186, Revenue Auditor III Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7263 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0340528

