| ganization ID # 089 | 7529 | | | | |
|---|--|---|---|---|---|
| te of origin KY ng fee \$145 | | | th of Kentucky , Secretary of S | Received and | y of State I Filed |
| Michael G. Ad | ams | | | | 9:26:33 AM ot: \$145.00 |
| Secretary of S | | Reinstate | ment Applicatio | n anu | |
| P. O. Box 7' | - | Reinstate | ment Annual Re | eport | RST |
| Frankfort, KY 406 (502) 564-34 | | | ears 2022 through 20 | • | |
| http://www.sos.ky.gov | | , , | | | |
| Exact organization (VIP SMOKE 519 S THIRD LOUISVILLE Registered Agent ar FADI FAOUR 519 S THIRD LOUISVILLE, | SHOP & GIFTS ST KY 40202 nd Registered I ST | SINC | a c f | gent name/office a on this form. When nodify the addresse | e address and register address cannot be cha a reinstating, you cannot es until the reinstatemen tatement is filed, the e will be filed. |
| | | | t officers. All organizations must list ss. Corporations are required to list a | | |
| President | FADL FAO | URI | 519 S 3RD ST I OL | | |
| | | all directors (if applicable).N | o listing of directors Is verification the | JISVILLE KY | 40202 |
| | me And address of a | all directors (if applicable).N al office address. | | JISVILLE KY at the corporation ha | 40202 |
| Directors - List the na specified, director addresses | me And address of a default to the principa | all directors (if applicable).N al office address. | o listing of directors Is verification th | JISVILLE KY at the corporation ha | 40202 |
| Directors - List the na specified, director addresses FADI FAOURI | me And address of a default to the principa | all directors (if applicable).N al office address. <u>519 S 3RI</u> | o listing of directors Is verification th | JISVILLE KY at the corporation ha | 40202 |

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. The undersigned states that the grounds For dissolution either did Not exist Or have been eliminated, And the entity's name satisfies the requirements of KRS 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to VIP SMOKE SHOP & GIFTS Inc to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: FADI FAOURI Title: MEMBER 2/9/2024



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 02/09/2024

VIP SMOKE SHOP & GIFTS 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,

Samantha Tabor 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 0897529





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Kentucky Secretary of State organization number 0897529





| VIP SMOKE SHOP & GIFTS Inc |
|----------------------------|
| 519 S THIRD ST |
| LOUISVILLE KY, 40202 |

| Notice Date: | February 9, 2024 | |
|-----------------|------------------|--|
| KY SoS Org. ID: | 0897529 | |

| 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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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: James REVE277, Taxpayer Services Specialist III Email: James.Sutherland@ky.gov Direct: 502-564-7359 | |