Organization ID # 0487435 Commonwealth of Kentucky KY State of origin Filing fee \$205.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

0487435.09

mstratton **PRPF**

Alison Lundergan Grimes

Received and Filed: 10/18/2016 11:31 AM Fee Receipt: \$205.00

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 years 2010 through 2016

Exact organization name and principal office address TCB DISPATCH, INC.

120 BEAU DRIVE

WINCHESTER KY 40391

Registered Agent and Registered Office Address

RANDY D. MORRIS 120 BEAU DRIVE WINCHESTER, KY 40391



The principal office address and registered agent

reinstatement is filed, the statement of change can be

filed online at app.sos.ky.gov/ftsearch or can be

downloaded from our website.

name/office address cannot be changed on this

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the

Principal Officers specified, officer addresse	S - List the name, address and title of all cures default to the principal office address. Corpo	rent officers. All organizations must list at least one (1) officer, e rations are required to list a Secretary or other officer serving a	even in the case of a sole officer. If not s records custodian
Sole Officer	RANDY MORRIS		
	name and address of all directors (if applicable to the principal office address.	e).No listing of directors is verification that the corporation has d	lispensed with directors. If not specified,
2010. The undersig	ned states that the grounds for dis	ovember 2, 2010 because the entity did not file solution either did not exist or have been eliminused is a check in the amount of \$205.00, payal	raited, and the entity's name
Under penalty of pe information pertain	erjury, the below signed hereby aut ing to TCB DISPATCH, IN C. to the	horizes the Kentucky Department of Revenue t Secretary of State, as required for reinstateme	o release any applicable tax nt pursuant to KRS 271B.14-220.
If not an officer of s	aid entity, please provide a Declara	ation of Power of Attorney with the Reinstateme	erit Application.
X(Centure of affice	r or chairman of the board (Required)	PRES, dent Title (Required)	10/18/16 Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

October 18, 2016

TCB DISPATCH, INC. 120 BEAU DRIVE WINCHESTER KY 40391

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TCB DISPATCH**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0487435





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: 10/18/2016
TCB DISPATCH, 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,
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 0487435



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