Organization ID # 0723836 State of origin KY Filing fee \$220.00	Commonw ichael G. Ada			of State M	III 723836 ichael G. Ac entucky Sec	0.09 dams	dwilliams PRPF
Michael G. Adams 2/2/20				eceived and 2/2021 3:24 ee Receipt:	4 PM \$220.0	0 	
Exact organization name and prin PROGRESSO, INC. 109 CEDAR STREAM DR PARIS KY 40361	cipal office address			The principal offic name/office addre form. When reinst addresses until the reinstatement is filk filed online at <u>app.</u> downloaded from c	ess cannot be of ating, you canno reinstatement i ed, the statemen sos.ky.gov/ftse	changed ot modify is filed. O nt of chan	<b>on this</b> the nce the ige can be
Registered Agent and Registered         JOSE LUCERO         109 CEDAR STREAM DR         PARIS, KY 40361         If the above company is included in a participation here (optional):         FEIN:       Name:         Principal Officers - List the name, add	arent company's Kentucky t	ers. All organizatior	ns must list at least o	FEIN (Option one (1) officer, even	in the case of a	a sole offic	ent cer. If not
specified, officer addresses default to the princip President JOSE LU		re required to list a		Indicer serving as rec Income Dr	Paris	ΚV	<u>907: 1</u>
<b>Directors</b> - List the name And address of director addresses default to the principal office a		ng of directors Is v	erification that the co	prporation has dispe	nsed with direc	tors. If No	ot specified,
The above entity was administrative	y dissolved on October 8	3, 2020 becau	se the entity did	d not file its and	nual report f	for the y	year 2020.
The undersigned states that the grou requirements of KRS 271B.14-210. I Under penalty of perjury, the below s information pertaining to PROGRES	Enclosed is a check in th signed hereby authorizes	e amount of \$ the Kentucky	220.00, payabl Department of	e to Kentucky	State Treas lease any a	urer. Ipplicat	ole tax

If not an officer of sajo/entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

V V Protect prov	
X	
Signature of officer Or chairman of the board (Re	equired)

PRIEST DEUT Title (Required)

293AV21 Date (Required)



PROGRESSO, INC. 109 CEDAR STREAM DR PARIS KY 40361 Notice Date: February 2, 2021 KY SoS Org. ID: 0723836

RE:	Letter of Good Standing Request - Approved		
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.		
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>		
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310		



## 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: 02/02/2021

PROGRESSO, 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,

Richard Lemay 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 0723836

