Organization ID # 0455137 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0455137.09

vmiller **PRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 9/11/2019 10:03 AM Fee Receipt: \$130.00

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 years 2018 through 2019

**RST** 

Exact organization name and principal office address

PERFECT EDGE, INC.

The principal office address and registered agent name/office address cannot be changed on this

P O BOX 23 LEXINGTO	183 N KY 40523-3183	addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.
Registered Agent ar	nd Registered Office Address	
CARTER M	RICE	
	ERING BROOK DR. /ILLE. KY 40356	41.
	s included in a parent company's Kentucky	v tax return as a disregarde
company's information	here (optional):	
FEIN:	Name:	
		ficers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not
President	CARTER RICE	are required to list a Secretary or other officer serving as records custodian  208 Whispering Brook Dr Nicholasville KV Yosse
Treasurer	Scarlet Rice	same )
Directors - List the nar		sting of directors is verification that the corporation has dispensed with directors. If not specified,
<del></del>		
The undersigned state	es that the grounds for dissolution eith	16, 2018 because the entity did not file its annual report for the year 2018. The reference of the thick the control of the entity's name satisfies the the amount of \$130.00, payable to Kentucky State Treasurer.
		es the Kentucky Department of Revenue to release any applicable tax retary of State, as required for reinstatement pursuant to KRS 271B.14-220.
If not an officer of sai	d entity, please provide a Declaration	of Power of Attorney with the Reinstatement Application.
X		President 9/7/2019
Signature of officer of	chairman of the hoard (Required)	Title (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

PERFECT EDGE, INC. P O BOX 23183 **LEXINGTON KY 40523-3183** 

Notice Date:

September 10, 2019

KY SoS Org. ID: 0455137

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
  - 2. 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.
  - 3. 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: Bruce REV3968, Taxpayer Services Specialist II

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 09/10/2019	
PERFECT EDGE, 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,

Tara Welch
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0455137

