Organization ID # 0993137 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0993137.09

dwilliams

PRPF **Alison Lundergan Grimes**

Kentucky Secretary of State Received and Filed: 1/30/2019 2:53 PM 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

K51

Exact of	rganization name and principal office addres	S
	SIMON CORP.	
	204 A EAST MORRISON STREET	
	WILMORE KY 40390	

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the 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	d Registered Office Address	FEIN (Optional)	
Tamara Khap			
	orrison Street		
Wilmore, KY			
	included in a parent company's Kentucky tax	return as a disregarde	ent
company's information h			
T CITY.	Name:		
Principal Officers -	List the name, address and title of all current officers.	All organizations must list at least one (1) officer, even in the cas	e of a sole officer. If not
specified, officer addresses de	fault to the principal office address. Corporations are re	equired to list a Secretary or other officer serving as records custo	odian
Treasurer	TAMARA KHAPERSKY		
Officer CEO	ESTHER EFRAIMOVICH		
CFO	ILIA EFRAIMOVICH		
Directors - List the name	e and address of all directors (if applicable). No listing of	of directors is verification that the corporation has dispensed with	directors. If not specified
director addresses default to t			
ESTHER FERAL	* 4 O \ / 1 O L L		
ILIA EFRAIMOV			

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 271B.14-210. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Simon Corp. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

f not an officer of said entity, please provide a Decla	aration of Power of Attorney with the Reinsta	itement Application.
X M. J. J.	TREASURER	01-22-2019
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

Simon Corp. 204 A East Morrison Street Wilmore KY 40390

Notice Date: KY SoS Org. ID: January 30, 2019

0993137

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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

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Agent: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099



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: 01/30/2019
Simon Corp.
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 0993137