

← Back to Message reinstatementannualreport.pdf 1 / 1

0169839.09 balimonos PRPF

Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 9/7/2016 1:59 PM
 Fee Receipt: \$145.00

Organization ID # 0169839
 State of origin KY
 Filing fee \$145.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



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 2014 through 2016

RST

Exact organization name and principal office address

BOBBY E. BALLARD, INC.
 2201 CAMARGO RD.
 MT. STERLING KY 40353

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

BOBBY E. BALLARD
 2201 CAMARGO RD.
 MT. STERLING, KY 40353

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer.

President BOBBY E. BALLARD
 Secretary CONNIE BALLARD
 Vice President CONNIE BALLARD
 Treasurer CONNIE BALLARD

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

BOBBY BALLARD
CONNIE BALLARD

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$145.00, 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 BOBBY E. BALLARD, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X Connie Ballard
 Signature of officer or chairman of the board (Required)

Secret
 Title (Required)

8-23-16
 Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

September 7, 2016

BOBBY E. BALLARD, INC.
2201 CAMARGO RD.
MT. STERLING KY 40353

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BOBBY E. BALLARD, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

David REV3885, Revenue Auditor I
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-782-2502
FAX# 502-564-3392

Kentucky Secretary of State organization number 0169839



**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: 09/07/2016

BOBBY E. BALLARD, 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,

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 0169839