Organization ID # 0499339 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0499339.09

PRPF

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/12/2017 1:26 PM

Date (Required)

Fee Receipt: \$115.00

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 year 2017

<u>Exact organization name and p</u>	<u>rincipal c</u>	office_	<u>address</u>
LOPEZ INC.			
1009 GRANITE DRIVE			

Signature of officer or chairman of the board (Required)

BARDSTOWN KY 40004

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

		downloaded from ou	· website.	
Registered Agent and Registered Office Address		FEIN (Option	FEIN (Optional)	
SILVIANO L 1009 GRAN	.OPEZ	С		
If the above company i company's information	VN, KY 40004 s included in a parent company's Kentucky tax r here (optional): _ Name:	•		
Principal Officers specified, officer addresses	List the name, address and title of all current officers. A default to the principal office address. Corporations are re-	All organizations must list at least one (1) officer, even in quired to list a Secretary or other officer serving as reco	the case of a sole officer, If not rds custodian	
President	SILVIANO LOPEZ_			
Secretary	ELVA ARELLANO			
Vice President	SERGIO LOPEZ			
· · · · · · · · · · · · · · · · · · ·				
The undersigned sta	s administratively dissolved on October 9, 2 tes that the grounds for dissolution either di 5 271B.14-210. Enclosed is a check in the a	d not exist or have been eliminated, and t	he entity's name satisfies the	
Under penalty of per	jury, the below signed hereby authorizes the g to LOPEZ INC. to the Secretary of State,	E Kentucky Department of Revenue to rele	ease any applicable tax	
If not an officer of sa	id entity, please provide a Declaration of Po	wer of Attorney with the Reinstatement A	pplication.	
X	The state of		11-1(-1)	

Title (Required)



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: 12/12/2017
LOPEZ 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 0499339



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Kentucky Secretary of State organization number 0499339



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

December 12, 2017

LOPEZ INC. 1009 GRANITE DRIVE BARDSTOWN KY 40004

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LOPEZ INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Bruce REV3968, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2038 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0499339

