Organization ID # 0622239 State of origin

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

0622239.09

mstratton **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/28/2013 2:41 PM 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 2013

RST

Exact organization name and principal office address COMPLETE CABLING INC. 4707 RABBIT HASH RD. **UNION KY 41091**

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 Registered Office Address

JOHN K. JONES 4707 RABBIT HASH RD. UNION, KY 41091



		nt officers. All organizations must list at least one (1) officer, even tions are required to list a Secretary or other officer serving as rec	
Secretary	JOHN JONES		
Treasurer	JOHN JONES		
President	MICHELLE JONES		
Directors - List the name a director addresses default to the		No listing of directors is verification that the corporation has disper	nsed with directors. If not specified,
		<u></u>	
			
			
2013. The undersigned s	states that the grounds for diss	tember 28, 2013 because the entity did not file its plution either did not exist or have been eliminated ed is a check in the amount of \$115.00, payable t	d, and the entity's name
Under penalty of perjury, information pertaining to 271B.14-220.	the below signed hereby auth COMPLETE CABLING INC. to	orizes the Kentucky Department of Revenue to rethe Secretary of State, as required for reinstatem	lease any applicable tax nent pursuant to KRS
If not an officer of-said er	ntity, please provide a Declara	ion of Power of Attorney with the Reinstatement A	Application.
x Michel	4 Jones	President	10-21-13
Signature of officer or cha	irman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 28, 2013

COMPLETE CABLING INC. 4707 RABBIT HASH RD. UNION KY 41091

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **COMPLETE CABLING INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Brad Butcher, Taxpayer Specialist I Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0622239





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 10/28/2013	
COMPLETE CABLING 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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0622239

