| | Commonwealth of Kentuck Michael G. Adams, Secretary of | | | 0887039.09 | | |
|---|---|--|---|---|--|-------------------|
| | | | | | | sburgin PRPF |
| Organization ID # 0887039 State of origin KY Filing fee \$190.00 Mi | | | • | Kentucky S Received au 3/3/2020 12 | Michael G. Adams Kentucky Secretary of State Received and Filed: 3/3/2020 12:01 PM Fee Receipt: \$190.00 | |
| Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstater | nent Application nent Annual F ars 2015 through 2 | Report | | RST | |
| Exact organization name and princ ESPRESS-O CAFE INC. 110 WOODLAND ESTATES PAINTSVILLE KY 41240 | - | | name/office add form. When reins addresses until th reinstatement is f | rice address and r ress cannot be ch stating, you cannot le reinstatement is iled, the statement <u>o.sos.ky.gov/ftsea</u> our website. | anged on this modify the filed. Once the of change can be | |
| Registered Agent and Registered C JERRY N. DANIEL 110 WOODLAND ESTATES PAINTSVILLE, KY 41240 If the above company is included in a pai company's information here (optional): FEIN: Name: | B | return as a disregarde | - | | | |
| Principal Officers - List the name, add specified, officer addresses default to the principal President Sole Officer | | | officer serving as re | | ole officer. If not | IAU () |
| Vice-President | | <u>mo wanten</u> | | <u>¥ 111/11.5.V/</u> | | <u>v1</u> 0 |
| Secretary | | | | | | |
| Treasurer | | | | | | |
| Directors - List the name And address of a director addresses default to the principal office a | | of directors Is verification that the | corporation has disp | pensed with directo | rs. If Not specified | d, |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | <u> </u> | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| The above entity was administratively 2015. The undersigned states that th satisfies the requirements of KRS 27 | e grounds for dissolution e | either did not exist or have | e been eliminat | ed, and the er | ntity's name | |
| Under penalty of perjury, the below s information pertaining to ESPRESS-0 271B.14-220. | igned hereby authorizes th O CAFE INC. to the Secret | ne Kentucky Department c tary of State, as required t | of Revenue to r for reinstateme | elease any ap ent pursuant to | plicable tax KRS | |
| If not an officer of said eptity, please | provide a Declaration of P | ower of Attorney with the | Reinstatement | Application. | | |
| | | | | $\square \cap \cap \neg$ | | 、 、 |

| X | 1 Carried | • |
|-----------|---|---|
| Signature | of officer Or chairman of the board (Required |) |

QUTLER Title (Required)

Date (Required)



ESPRESS-O CAFE INC. 110 WOODLAND ESTATES PAINTSVILLE KY 41240 Notice Date: March 3, 2020 KY SoS Org. ID: 0887039

| 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. | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 50 days from the notice date above. | | |
| WHAT YOU NEED TO DO | 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. 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. 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 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 03/03/2020

ESPRESS-O CAFE 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,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0887039

