Organization ID # 0536540 State of origin KY Filing fee \$115.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0536540.09

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Michael G. Adams
Kentucky Secretary of State

Received and Filed: 10/29/2020 6:52 AM Fee Receipt: \$115.00

**K51** 

Michael G. Adams 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 2020

Exact organization name and principal office address
B.A. STILES, INC.
2024 HEARTHSIDE CIRCLE
SHELBYVILLE KY 40065

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 <a href="mailto:app.sos.kv.gov/ftsearch">app.sos.kv.gov/ftsearch</a> or can be downloaded from our website.

Registered Agen	t and Registered Office Address			
	YA STILES		7	
	ARTHSIDE CIRCLE		)	
	VILLE, KY 40065		7	
	ny is included in a parent company's Kenti	ucky tax return as a disregard	rent	
	tion here (optional):			
FEIN:	Name:			
		nt officers. All organizations must list at least one (1) officer, even in litions are required to list a Secretary or other officer sarving as record		
President	BRAD A. STILES			
	a name And address of all directors (if applicable).  ult to the principal office address.	No listing of directors is verification that the corporation has dispense	ed with directors. If Not specified,	
AUNDREA STIL	ES			
	V			
The above entity y	was administrativaly dissolved on Octo	ober 8, 2020 because the entity did not file its annu-	al report for the year 2020	
		either did not exist or have been eliminated, and th		
		in the amount of \$115.00, payable to Kentucky Sta		

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to B.A. STILES, 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.

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

**B.A. STILES, INC.** 2024 HEARTHSIDE CIRCLE SHELBYVILLE KY 40065

Notice Date: October 28, 2020

KY SoS Org. ID: 0536540

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
  - 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <a href="https://kewes.ky.gov">https://kewes.ky.gov</a> UITax@KY.GOV

Date: 10/28/2020	
B.A. STILES, 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

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0536540

