Organization ID # 0566140 State of origin Filing fee \$115.00

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

0566140.09

dwilliams

**Kentucky Secretary of State** Received and Filed: 11/6/2020 10:45 AM Fee Receipt: \$115.00

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

| <b>Exact</b> | organization name and principal office address |
|--------------|--|
|              | GRIFFIN PLUMBING & PIPING, INC.                |
|              | 1403 S. 4TH ST                                 |
|              | DADUCALI MV 42002                              |

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 PADUCAH KY 42003 filed online at <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.

| Registered Agent                     | t and Registered Office Address                   |   | FEIN (Optional)  |                                       |
|--------------------------------------|---|---|--|---------------------------------------|
| ALEX SU                              | ITTON GRIFFIN III                                 | S AT ALLER AND                                    |  |                                       |
| 1403 S. 4                            |   |   |  | 1                                     |
|                                      | H, KY 42003                                       |   |  | <u> </u>                              |
|                                      | ny is included in a parent company's Ke           | entucky tax return as a disregard                 |  | ent .                                 |
| company's informati<br>FEIN:         | Name:   | *   |  |                                       |
| 1 11111                              | - Name:   |   |  |                                       |
| <b>Principal Officer</b>             | rs - List the name, address and title of all cu   | rrent officers. All organizations must list at le | ast one (1) officer, even in the case  | of a sole officer. If not             |
|                                      | ses default to the principal office address. Corp |   |  |                                       |
| President President                  | ALÉX S GRIFFIN, III                               | , mare,   | 11 11 11 11 11   |                                       |
|                                      | 1 25-24 1   | Em Ka   |  |                                       |
|                                      |   |   | 11821  |                                       |
|                                      | 165-201   |   | The all  |                                       |
|                                      |   | CAN WAS THE                                       | VINCE TO A STATE OF THE PARTY O |                                       |
|                                      | name And address of all directors (if applicat    |   | he corporation has dispensed with  | lirectors. If Not specified,          |
|                                      | Ilt to the principal office address.              |   |  |                                       |
| ALEX S. GRIFFII                      | N, III  | ALE WAS C   | The state of the s | · · · · · · · · · · · · · · · · · · · |
|                                      |   | MORA MALLERAN                                     | である。これのことでのある。   |                                       |
|                                      | N Warden  |   | 1 kr 23 1 11   |                                       |
|                                      |   |   |  |                                       |
|                                      | 11.53/1   | WANTEDAY LOTT                                     |  |                                       |
|                                      | 1 K (25/17 1)                                     | 3 VAV(\$\frac{1}{2}\)                             | P I BOOK I   |                                       |
| The above entity y                   | vas administrativėly dissolved on O               | ctober 8, 2020 because the entity                 | did not file its annual reno   | ort for the year 2020                 |
| The undersigned s                    | states that the grounds for dissoluti             | on either did not exist or have be                | en eliminated, and the entit   | ty's name satisfies the               |
| requirements of K                    | RS 271B.14-210 Enclosed is a che                  | eck in the amount of \$115.00, pay                | able to Kentucky State Tre   | easurer.                              |
| •                                    | perjury, the below signed hereby au               | ~   | file the state of  |                                       |
| information pertain                  | ning to GRIFFIN ELUMBING & PIP                    | ING INC. to the Secretary of Stat                 | e as required for reinstate  | ment pursuant to KRS                  |
| 271B.14-220.                         |   |   |  |                                       |
| If not an Afficer of                 | said entity, please provide a Declar              | ration of Power of Attorney with the              | ie Reinstatement Applicati   | nn .                                  |
| i flot all officer of                | sald entity, please provide a Decia               |   | ie Kemstatement Applicati  | 5ii.                                  |
| $\mathbf{X} \mathcal{U}_{\Lambda} /$ | \/h ~   | VRAZ  |  | 0-30-2020                             |
| Signalure of office                  | er Or chairman of the board (Required)            | 八世 (Required)                                     |  | Date (Required)                       |
|                                      | 1   |   |  |                                       |



# 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: 11/06/2020

GRIFFIN PLUMBING & PIPING, 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,

Tara Welch
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 0566140



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

GRIFFIN PLUMBING & PIPING, INC. 1403 S. 4TH ST PADUCAH KY 42003

Notice Date:

November 4, 2020

KY SoS Org. ID: 0566140

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

4. 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