Organization ID # 0149042 State of origin Filing fee \$130.00

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

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Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 3/31/2020 3:24 PM Fee Receipt: \$90.00

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 years 2019 through 2020

**RST** 

Exact organization name and principal office address

HALLMARK TROPHIES, INC. **372 SOUTHLAND DR LEXINGTON KY 40503** 

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

MARK E. MARCUM 332 SOUTHLAND DR. **LEXINGTON, KY 40503** 

If the above company is included in a parent company's Kentucky tax return as a disregarde company's information here (optional):

FEIN:	Name:	
		cers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not are required to list a Secretary or other officer serving as records custodian
President	MARK E. MARCUM	
Vice President	JOHN MARCUM	
	me And address of all directors (if applicable).No lothe principal office address.	sting of directors is verification that the corporation has dispensed with directors. If Not specified,
The undersigned star	tes that the grounds for dissolution eit	16, 2019 because the entity did not file its annual report for the year 2019. er did not exist or have been eliminated, and the entity's name satisfies the he amount of \$130.00, payable to Kentucky State Treasurer.
Under penalty of perjinformation pertaining 271B.14-220.	ury, the below signed hereby authoriz g to HALLMARK TROPHIES, INC. to t	es the Kentucky Department of Revenue to release any applicable tax ne Secretary of State, as required for reinstatement pursuant to KRS
If not an officer of se	d entity, please provide a Declaration	of Power of Attorney with the Reinstatement Application.

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

HALLMARK TROPHIES, INC. 372 SOUTHLAND DR **LEXINGTON KY 40503** 

Notice Date:

March 30, 2020

KY SoS Org. ID: 0149042

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.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 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 date above.
  - 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: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102



# COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

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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
Phono: (502) 564, 2272

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

Kentucky Secretary of State organization number 0149042





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