| Organization ID # 0053943 State of origin KY Filing fee \$130.00 Alis | Commonwealth of l son Lundergan Grimes, S | Kentucky Secretary of Sta | 0053943.09 vmiller PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/29/2019 3:21 PM |
|---|---|---|--|
| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Ap | blication and RST RST | |
| Exact organization name and W.B.W. CORPORATIO W.B.W. CORPORATIO 9407 WESTPORT RO SUITE 116-128 LOUISVILLE KY 4024 | N N AD | name/office address form. When reinstatin addresses until the re reinstatement is filed, | address and registered agent s cannot be changed on this ng, you cannot modify the einstatement is filed. Once the the statement of change can be s.ky.gov/ftsearch or can be website. |
| Registered Agent and Registered ROBERT WEDDINGT 419 DORSEY WAY LOUISVILLE, KY 4022 If the above company is included in company's information here (option FEIN: Name: | ON 13 n a parent company's Kentucky tax return as a disr | egarded | |
| specified, officer addresses default to the | e, address and title of all current officers. All organizations n mincipal office address. Corporations are required to list a Sec | nust list at least one (1) officer, even in cretary or other officer serving as recon | the case of a sole officer, If not ds custodian |
| | | | |
| | | | |
| Directors - List the name And addre director addresses default to the principal | ss of all directors (if applicable).No listing of directors Is verifi ffice address. | cation that the corporation has dispens | ed with directors. If Not specified, |

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

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

Х N n Signature of officer Or chairman of the board (Required)

n asver itle (Required

3-27-2019 Date (Required)



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 04/29/2019

W.B.W. CORPORATION

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,

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

Kentucky Secretary of State organization number 0053943





W.B.W. CORPORATION W.B.W. CORPORATION 419 Dorsey Way LOUISVILLE KY 40223 Notice Date: April 29, 2019 KY SoS Org. ID: 0053943

| RE: | Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. | | |
|------------------------|--|--|--|
| SUMMARY | | | |
| 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 30 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 | | |