| Organization ID # 060995 State of origin KY Filing fee \$160.00 Michael G. Adams | Commonwea | alth of Kentucky s, Secretary of Stat | 0609951.09 Michael G. Adams Kentucky Secretary of State Received and Filed: 3/31/2025 2:03 PM Fee Receipt: \$160.00 | |
|---|---|--|--|--|
| Secretary of State P. O. Box 718 Frankfort, KY 40602-071 (502) 564-3490 http://www.sos.ky.gov | 8 Reinstatem | Reinstatement Application and Reinstatement Annual Report For the years 2022 through 2025 | | |
| Exact organization name and principal office address JOHN PAUL ENTERPRISES, INC. 304 OLD TOWNE ROAD LOUISVILLE KY 40214 | | agent name/ on this form modify the au filed. Once th statement of | 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 <u>https://</u> web.sos.ky.gov/bussearchnprofile/search.aspx | |
| f the above company is included i company's information here (optic FEIN: Name: Principal Officers - List the n If not specified, officer addresses def | ame, address and title of all current office | eturn as a disregarded entity or a subsid | officer, even in the case of a sole officer. | |
| Directors - List the name And add specified, director addresses default to | | g of directors Is verification that the corporati | ion has dispensed with directors. If Not | |
| The undersigned states that the requirements of KRS 2711 Under penalty of perjury, the b information pertaining to JOHI 271B.14-220. | ne grounds for dissolution either of 3.14-210. Enclosed is a check in t elow signed hereby authorizes the N PAUL ENTERPRISES, INC. to th | 022 because the entity did not file it did not exist or have been eliminated the amount of \$160.00, payable to K e Kentucky Department of Revenue he Secretary of State, as required for wer of Attorney with the Reinstatem | d, and the entity's name satisfies Centucky State Treasurer. to release any applicable tax r reinstatement pursuant to KRS | |

X

PRESIDENT Title (Required) 2-24-25 Date (Required) Signature of officer of chairman of the board (Required)



| JOHN PAUL ENTERPRISES, INC. |
|-----------------------------|
| 304 OLD TOWNE ROAD |
| LOUISVILLE KY, 40214 |

| Notice Date: | March 28, 2025 |
|-----------------|----------------|
| KY SoS Org. ID: | 0609951 |

| 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 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. | |
| AGENT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: James REVE277, Taxpayer Services Specialist III Email: James.Sutherland@ky.gov Direct: 502-564-7359 | |



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: 03/28/2025

JOHN PAUL ENTERPRISES, 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,

Samantha Tabor 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 0609951

