Organization ID # 0020152 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

0020152.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 2/26/2013 12:56 PM Fee Receipt: \$130.00

Alison Lundergan Grimes 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 2012 through 2013

RST

Exact organization name and principal office address

CECIL GOODWIN, INC. 4335 CANNONSBURG RD. **CATLETTSBURG KY 41129** 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

GREGORY G. GOODWIN 4335 CANNONSBURG RD. CATLETTSBURG, KY 41129

	ers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not		
specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian			
Dan at dans	OBEOORY O COODWIN		

President	GREGORY G GOODWIN	
Secretary	NORA E GOODWIN	
Vice President	NORA E GOODWIN	
Directors - List the name a director addresses default to the		of directors is verification that the corporation has dispensed with directors. If not specified,
2012. The undersigned s	states that the grounds for dissolution e	11, 2012 because the entity did not file its annual report for the year either did not exist or have been eliminated, and the entity's name check in the amount of \$130.00, payable to Kentucky State Treasurer.
		he Kentucky Department of Revenue to release any applicable tax tary of State, as required for reinstatement pursuant to KRS

If not an office of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

gnature of officer of chairman of the board (Required)

(Required)

2-22-13



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 02/26/2013

CECIL GOODWIN, INC.

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,

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

Kentucky Secretary of State organization number 0020152





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

February 26, 2013

CECIL GOODWIN, INC. 4335 CANNONSBURG RD. CATLETTSBURG KY 41129

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CECIL GOODWIN**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/12, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Becky Breeze, Taxpayer Service Specialist I Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2117 FAX# 502-564-3392

Kentucky Secretary of State organization number 0020152

