Organization ID # 0051753 State of origin

Commonwealth of Kentucky Filing fee \$535.00 Alison Lundergan Grimes, Secretary of Sta

0051753.09

PRPF Alison Lundergan Grimes

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 1987 through 2015

**Kentucky Secretary of State** Received and Filed: 11/25/2015 10:42 AM Fee Receipt: \$535.00

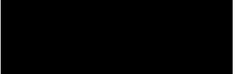
Exact organization name and principal office address

TOMMY'S, INC. 2073 WILLIAMSBURG RD. **LEXINGTON KY 40504** 

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

THOS. G. SHUCK 1197 S. BDWY. LEXINGTON, KY



		l organizations must list at least one (1) officer, even in the case of a sole officer. If not uired to list a Secretary or other officer serving as records custodian
President	Thomas G. Shuck	2073 Williams burg Rd. Lexington, Ky 4050
Vice-President		
Secretary	2 Amy E. Shuck	2073 Williams burgRd. Lexington ky 4050
Treasurer		, , , , , , , , , , , , , , , , , , , ,
Directors - List the name director addresses default to the		directors is verification that the corporation has dispensed with directors. If not specified,
	a d	
	<del></del>	
The undersigned state	es that the grounds for dissolution either did	BB because the entity did not file its annual report for the year 1987. I not exist or have been eliminated, and the entity's name satisfies the nount of \$535.00, payable to Kentucky State Treasurer.
		Kentucky Department of Revenue to release any applicable tax e, 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.

Title (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 25, 2015

TOMMY'S, INC. 2073 WILLIAMSBURG RD. LEXINGTON KY 40504

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TOMMY'S**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0051753





## 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 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 11/25/2015
TOMMY'S, 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,
Matthew Justice Division of Unemployment Insurance 275 East Main Street, 2-El Frankfort, Kentucky 40621 Phone: (502) 564-2272



Kentucky Secretary of State organization number 0051753



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