Organization ID # 0306854 State of origin KY Filing fee \$280.00

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

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PRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 4/8/2021 7:21 AM Fee Receipt: \$280.00

<u> 167</u>

Date (Required)

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 2009 through 2020

Exact organization name and principal office address
"SHAMROCK MACHINING, INC."
406 WHITT RD.
RICHMOND KY 40475

Signature of officer Or chairman of the board (Required)

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address		FEIN (Optional)	
MAE CON			
406 WHITT			
	D, KY 40475		
	is included in a parent company's Kentucky tax return a	s a disregarded e	
company's information			
FEIN:	Name:		
Principal Officers	- List the name address and title of all current officers. All organ	izations must list at least one (1) officer, even in the case of a sole officer. If not	
	default to the principal office address. Corporations are required to		
Secretary	WILLIAM O CONNER		
President	MAE M CONNER		
· · · · · · · · · · · · · · · · · · ·			
Directors - List the na	ame And address of all directors (if applicable). No listing of director	rs is verification that the corporation has dispensed with directors. If Not specified,	
director addresses default t	o the principal office address.		
-			
		because the entity did not file its annual report for the year	
		d not exist or have been eliminated, and the entity's name	
satisfies the requirer	nents of KRS 271B.14-210. Enclosed is a check in	the amount of \$280.00, payable to Kentucky State Treasurer.	
Under penalty of per	iury, the below signed hereby authorizes the Kent	ucky Department of Revenue to release any applicable tax	
information pertaining	g to "SHAMROCK MACHINING, INC." to the Secr	etary of State, as required for reinstatement pursuant to KRS	
271B.14-220.			
If not an officer of sa	id entity, please provide a Declaration of Power of	Attorney with the Reinstatement Application.	
	y, please provide a Bosiaration of Tower of	, ,	
X Janval //	MMER EXELUTUR	02/05/2)	

Title (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

"SHAMROCK MACHINING, INC." 1945 SPEEDWELL ROAD RICHMOND, KY. 40475

Notice Date: April 7, 2021 KY SoS Org. ID: 0306854

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
  - 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 04/07/2021		
"SHAMROCK MACHINING, 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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564, 2272

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

Kentucky Secretary of State organization number 0306854

