Organization ID # 0300255 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 11/4/2020 10:26 AM

Fee Receipt: \$115.00

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 year 2020

| Exact | organization | name and | principal | office | address |
|--------------|--------------|----------|-----------|--------|---------|
| | WAREHOU | | | | |
| | 4401-B DD | UE HWY. | | | |
| | EI SMEDE | KV 41018 | | | |

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.

| | nd Registered Office Address | FEIN (Option | FEIN (Optional) | | |
|---|--|---|---------------------------------------|--|--|
| TOYA A. HADLEY | | | | | |
| 4401-B DIX | | | | | |
| ELSMERE, | ਨ 1 4 10 to s included in a parent company's Kent | tucky tay return as a disregarded | | | |
| company's information | | doky tax return as a disregarded | | | |
| FEIN: | Name: | AND THE RESERVE OF THE PERSON | | | |
| Principal Officers | e liet the name address and title of all curre | ent officers. All organizations must list at least one (1) officer, even | in the case of a sole officer. If not | | |
| | | tions are required to list a Secretary or other officer serving as re | | | |
| President | TOYA A WEIS | | | | |
| Secretary | CRAIG T HADLEY | | | | |
| Treasurer | CRAIG T HADLEY | | | | |
| Vice President | SANDRA J HADLEY | | | | |
| SANDRA J HADLE CRAIG T HADLEY TOYA A WEIS | | | | | |
| The undersigned star | es that the grounds for dissolution | ober 8, 2020 because the entity did not file its and either did not exist or have been eliminated, and k in the amount of \$115.00, payable to Kentucky | I the entity's name satisfies the | | |
| | | orizes the Kentucky Department of Revenue to re ITED, INC. to the Secretary of State, as required | | | |
| If not an officer of sa | id entity, please provide a Declarat | ion of Pewer of Attorney with the Reinstatement | Application. | | |
| X 0 0 | or chairman of the board (Required) | Tille (Required) | 10 - 30 - 20 Date (Required) | | |

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

WAREHOUSE SALES UNLIMITED, INC. 4401-B DIXIE HWY. **ELSMERE KY 41018**

Notice Date:

November 4, 2020

KY SoS Org. ID: 0300255

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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 11/04/2020

WAREHOUSE SALES UNLIMITED, 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 0300255

