

Organization ID # 0486455  
State of origin KY  
Filing fee \$130.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

0486455.09 balimonos PRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/23/2016 10:49 AM  
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 2015 through 2016

**RST**

**Exact organization name and principal office address**

3 D EQUIPMENT REPAIR, INC.  
749 NINA RIDGE RD  
LANCASTER KY 40444

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/ftssearch](http://app.sos.ky.gov/ftssearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

JERRY M. DICK  
749 NINA RIDGE RD  
LANCASTER, KY 40444



**Principal Officers** - 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

Vice President	<del>TAMMY DICK</del> Jerry Dick	749 Nina Ridge Rd Lancaster Ky
Treasurer	<del>TAMMY DICK</del> Jerry DICK	
Secretary	JERRY M DICK	
President	JERRY M DICK	

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to 3 D EQUIPMENT REPAIR, INC. to the Secretary of State, 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.

<input checked="" type="checkbox"/>		President	5-21-16
	Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



**DANIEL P. BORK**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

May 23, 2016

**3 D EQUIPMENT REPAIR, INC.  
819 NINA RIDGE RD  
LANCASTER KY 40444**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **3 D EQUIPMENT REPAIR, 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,

Jerry REV3782, Revenue Auditor I  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-7370  
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0486455



**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: 05/23/2016

3 D EQUIPMENT REPAIR, 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,

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

Kentucky Secretary of State organization number 0486455