Organization ID # 0512155 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/1/2018 10:52 AM Fee Receipt: \$115.00

RST

Date (Required)

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 year 2015

Exact organization name and principal office address
CRAIG BROERING TOOL SALES, INC.
104 BUFFLEHEAD CT
GEORGETOWN KY 40324

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address		EEIN (Ontional)
CRAIG BE	ROERING	
104 BUFFLEHEAD CT		
	TOWN, KY 40324	
	y is included in a parent company's Kentuc	ty tax return as a disregarde
company's information FEIN:		
1 LIN,	Name	
Principal Officers specified, officer addresse	S - List the name, address and title of all current es default to the principal office address. Corporation	fficers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not s are required to list a Secretary or other officer serving as records custodian
President	CRAIG BOREING	<u> </u>
Secretary	PEGGY BROERING	
	12001 BROZERINO	· · · · · · · · · · · · · · · · · · ·
		
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 defaul	t to the principal office address.	totally of an obtation to verification that the corporation has dispersion with direction. It not opcomed,
		· · · · · · · · · · · · · · · · · · ·
The above entity w	as administrativoly dissolved on Sonts	nber 12, 2015 because the entity did not file its annual report for the year
2015 The underein	as authinistratively dissolved off Septe	tion either did not exist or have been eliminated, and the entity's name
satisfies the require	ements of KRS 271B 14-210. Enclosed	is a check in the amount of \$115.00, payable to Kentucky State Treasurer.
		• • •
information pertaini KRS 271B.14-220.	arjury, the below signed hereby authoring to CRAIG BROERING TOOL SALE	res the Kentucky Department of Revenue to release any applicable tax S, INC. to the Secretary of State, as required for reinstatement pursuant to
If not an officer of s	aid entity please provide a Declaratio	of Power of Attorney with the Reinstatement Application.
\mathbf{X}		Owhar 16/30/18

Title (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

November 1, 2018

0512155

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

CRAIG BROERING TOOL SALES, INC. 104 BUFFLEHEAD CT **GEORGETOWN KY 40324**

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.

2. An authorized person requested this letter.

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

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.

RE:

- 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 date above.
 - 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: Nicole REVX129, Taxpayer Services Specialist II

Email: Nicole.McTiernan@ky.gov

Direct: 502-564-2062



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: 11/01/2018

CRAIG BROERING TOOL SALES, 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 0512155

