Organization ID # 0945659 State of origin KY **Commonwealth of Kentucky** 0945659 Filing fee \$160 Michael G. Adams Michael G. Adams, Secretary of St **KY Secretary of State** Received and Filed 10/18/2023 6:58:10 AM Michael G. Adams Fee receipt: \$160.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2020 through 2023 (502) 564-3490 http://www.sos.ky.gov The principal office address and registered

Exact organization name and principal office address LOUISVILLE COPIER SOLUTIONS INCORPORATED 10306 TAYLORSVILLE ROAD LOUISVILLE KY 40299 The principal office address and registerec agent name/office address cannot be chan; on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

Registered Agent and Registered Office Address

Stacy Woods 10306 Taylorsville Road Louisville, KY 40299

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 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

Vice President	STACY WOODS	10306 TAYLORSVILLE ROAD LOUISVILLE, KY
President	MATTHEW PHILLIP GUTHRIE	10306 TAYLORSVILLE ROAD LOUISVILLE, KY

The above entity was administratively dissolved on 10/8/2020 because the entity did not file its annual report for the year 2020. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Louisville Copier Solutions Incorporated to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: stacy woods Title: Vice President 10/18/2023



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 10/18/2023

Louisville Copier Solutions Incorporated

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,

Samantha Tabor Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0945659





Louisville Copier Solutions Incorporated 10492 Bluegrass Pkwy Louisville KY, 40299		Notice Date: KY SoS Org. ID:	October 18, 2023 0945659
RE:	Letter of Good Standing Request - A	Approved	2 ^{eq}
SUMMARY	You requested a letter of good standin with the Department of Revenue. We verified the following information.		
OUR DETERMINATION	We verified the following information.	e ion	
	 You are registered with the Depart An authorized person requested of You filed income and LLE tax setur filing. You have no outstanding tax asses Collections or have a valid pay agree 	ment of Revenue. is letter. rns as required, or yo ssments with the Divi eement in place.	u are exempt from sion of
WHAT YOU NEED TO DO	 If you are attempting to reinstatt of this letter to the Kentucky Secret notice date above. If you are a for-profit corporation Content of State a letter of good Unemployment Insurance. Their te If you are a non-profit entity, plet tax returns with the Kentucky Attor requirements website is: http://ag. charity/Pages/registration.aspx. 	etary of State within 3 on, you will also need standing from the Div elephone number is 50 ease remember to file rney General. The ch	30 days of the to provide the <i>i</i> ision of 02-564-6835. a copy of your arity filing
CONTACT INFORMATION	If you have any questions regarding the you.	iis notice, please con	tact me. Thank
G	Agent: James REVE277, Taxpayer S Email: James.Sutherland@ky.gov Direct: 502-564-7359	ervices Specialist II	