

Organization ID # 0324160  
State of origin KY  
Filing fee \$235.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

0324160.09 balimonos PRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
9/25/2017 1:36 PM  
Fee Receipt: \$235.00

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 2009 through 2017

# RST

**Exact organization name and principal office address**

QUALITY LITHO, INC.  
710 MONMOUTH ST.  
NEWPORT KY 41071

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

**Registered Agent and Registered Office Address**

DAN ROBERTS  
710 MONMOUTH ST.  
NEWPORT, KY 41071

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**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

Sole Officer DAN ROBERTS

**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 November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$235.00, 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 QUALITY LITHO, 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.

Please indicate the county in which your business operates:

County: CAMPBELL

To complete the following, please shade the box completely.

Please indicate the size of your business:

Small (Fewer than 50 employees)  
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

Women-Owned  Veteran-Owned  Minority-Owned

Please indicate which of the following best describes your business:

Agriculture  Mining  Services  Construction  
 Wholesale Trade  Retail Trade  Manufacturing  Finance, Insurance, Real Estate  
 Public Administration  Transportation, Communications, Electric, Gas, Sanitary Services  
 Other

X

  
Signature of officer or chairman of the board (Required)

PRES.  
Title (Required)

8/18/17  
Date (Required)



**DANIEL P. BORK**  
Commissioner

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

September 25, 2017

**QUALITY LITHO, INC.  
C/O BEZOLD TAX SERVICE LLC  
PO BOX 382  
ALEXANDRIA KY 41001-0382**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **QUALITY LITHO, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Ramon REV4636, Taxpayer Services Specialist I  
Pass Through Entity Branch  
501 High Street, Mail Station 52  
Frankfort, KY 40601  
Phone# (502) 564-2169  
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0324160



**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: 09/22/2017

QUALITY LITHO, 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,

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

Kentucky Secretary of State organization number 0324160