State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S 0427561.09

Alison Lundergan Grimes **Reinstatement Application and** Secretary of State **Reinstatement Annual Report** Frankfort, KY 40602-0718

11218 NO 1340 B BY B 1791 11 BEY

Date (Required)

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/3/2019 2:54 PM Fee Receipt: \$130.00

Exact organization name and principal office address ARTISAN MOLD & MACHINING CO., INC. **128 CARTER AVENUE**

Signature of officer or chairman of the board (Required)

P. O. Box 718

(502) 564-3490 http://www.sos.ky.gov

> 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

LOUISVIL	LE KY 40229		reinstatement is filed, the statement of change can be filed online at <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.
Registered Agent	and Registered Office Address		FEIN (Optional)
	DRNBACK		
128 CART			
LOUISVIL	LE, KY 40229		
	y is included in a parent company's K	ntucky-tax-return as a disregard	ent
company's information	· · · · · · · · · · · · · · · · · · ·		
FEIN:	Name:	•	
Principal Officers	S - List the name, address and title of all c es default to the principal office address. Con	rent officers. All organizations must list at le	east one (1) officer, even in the case of a sole officer. If not
President	LEE A HORNBACK	nations are required to list a secretary of or	itel officer serving as records customati
Secretary	RETA HORNBACK		
<u> </u>			
			
 			· · · · · · · · · · · · · · · · · · ·
	t to the principal office address.		the corporation has dispensed with directors. If not specified,
The undersigned st	tates that the grounds for dissolut	n either did not exist or have be	ity did not file its annual report for the year 2018. en eliminated, and the entity's name satisfies the yable to Kentucky State Treasurer.
Under penalty of pe information pertaini KRS 271B.14-220.	erjury, the below signed hereby at ing to ARTISAN MOLD & MACHII	horizes the Kentucky Departmer NG CO., INC. to the Secretary o	nt of Revenue to release any applicable tax of State, as required for reinstatement pursuant to
If not an officer of s	said entity, please provide a Decla	ation of Power of Attorney with the	ne Reinstatement Application.
X 1	1 Hart	Phesident	11-14-19

Title (Required)

For the years 2018 through 2019

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

502-564-0058 Fax:

ARTISAN MOLD & MACHINING CO., INC. **128 CARTER AVENUE LOUISVILLE KY 40229**

Notice Date:

December 3, 2019

KY SoS Org. ID: 0427561

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.

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.

- 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



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: 12/03/2019

ARTISAN MOLD & MACHINING CO., 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,

Chad Atha
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0427561

