Organization ID # 0809564 State of origin KY

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

0809564.09

mstratton **PRPF**

Alison Lundergan Grimes

Received and Filed: 5/5/2015 11:19 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 2014 through 2015

RST

Exact organization name and principal office address

FUADDY INC. 12907 FACTORY LANE SUITE K **LOUISVILLE KY 40245**

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 | |
|--|---|--|
| FUAD ALAMO | | |
| 12907 FACTORY LANE | | |
| SUITE K | | |
| LOUISVILLE, KY 40245 | | |
| Principal Officers - List the name address and tit | tle of all current officers: All organizations must list at least one (1) officer. | ven in the case of a sole officer. If not |
| specified, officer addresses default to the principal office add | tle of all current officers. All organizations must list at least one (1) officer, e | s records custodian |
| President FUAD ALAMO/ | | |
| | | |
| | | |
| | | 2 |
| Directors - List the name and address of all directors (| if applicable).No listing of directors is verification that the corporation has di | spensed with directors. If not specified. |
| director addresses default to the principal office address. | | |
| | | Name of the second seco |
| | | |
| | | |
| | | <u>* / </u> |
| | | <u> 4</u> 2 |
| | | |
| The above entity was administratively dissolved | ed on September 30, 2014 because the entity did not file | its annual report for the year |
| 2014. The undersigned states that the ground | ls for dissolution either did not exist or have been elimin | ated, and the entity's name |
| | l0. Enclosed is a check in the amount of \$130.00, payat | \ . |
| Under penalty of perjury, the below signed he information pertaining to FUADDY INC. to the | reby authorizes the Kentucky Department of Revenue to Secretary of State, as required for reinstatement pursua | rélease any applicable tax ant to KRS 271B.14-220. |
| If not an officer of said entity, please provide a | a Declaration of Power of Attorney with the Reinstateme | nt Application. |
| x how were | President | 4-27-2015 |
| Signature of officer or chairman of the board (Require | d) Title (Required) | Date (Required) |



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

May 5, 2015

FUADDY INC. 12907 FACTORY LANE SUITE K LOUISVILLE KY 40245

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FUADDY INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Holly REVX186, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0809564





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

| Date: 05/01/2015 | | | |
|------------------|--------------------------|---------|--|
| FUADDY INC. | | | |
| Dear Sir/Madam: | | | |
| | KRS 14A.7-030(1)(f) CERT | IFICATE | |

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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0809564

