Organization ID # 0461965 State of origin

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta

0461965.09

amcrav PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

4/12/2019 11:20 AM Fee Receipt: \$145.00

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 2017 through 2019

KSI

Exact or	rganization	name and	principal	office address

LB. B., INC. **517 CLINTON ROAD LEXINGTON KY 40502** 

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 FFIN (Ontional) LOUISE BURTON BUSH **517 CLINTON ROAD** LEXINGTON. KY 40502 If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional). 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 LOUISE BURTON-BUSH Sole Officer 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 October 9, 2017 because the entity did not file its annual report for the year 2017. 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 \$145.00, 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 L B. B., 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.

Signature of officer Or chairman of the board (Required) Date (Required)

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

502-564-0058

L B. B., INC. 221 COCHRAN RD **LEXINGTON KY 40502**  Notice Date: April 12, 2019 KY SoS Org. ID: 0461965

Fax:

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: Amber REV4087, Revenue Auditor I

Email: Amber.Coleman@ky.gov

Direct: (502) 564-7288



# 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: 04/12/2019
L B. B., 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).

275 East Main Street, 2-EH Frankfort, Kentucky 40621

Division of Unemployment Insurance

Phone: (502) 564-2272

Sincerely,

Richard Lemay

Kentucky Secretary of State organization number 0461965

