Organization ID # 0083371 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0083371.09

mstratton **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/7/2015 11:28 AM Fee Receipt: \$115.00

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 year 2015

RST

Exact organization name and principal office address LEBANON WHOLESALE, INC.

PO BOX 601 LEBANON KY 40033

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

DANNY K. RUCKER 500 E. MAIN ST. LEBANON, KY 40033



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

President	JUNE C RUCKER	P.O. Box601	Lebenon, Ky 4003
Secretary	DANNY RUCKER	D.O BOX 601	Lebenn 16 40033
Vice President	FRANCES RUCKER	P.O. Box 601	Lebern ; Ky 40033
	me and address of all directors (if applicable).No the principal office address.	listing of directors is verification that the corporation	has dispensed with directors. If not specified,
2015. The undersigned	ed states that the grounds for dissolu	mber 12, 2015 because the entity did no tion either did not exist or have been eli lis a check in the amount of \$115.00, pa	minated, and the entity's name
		zes the Kentucky Department of Revent to the Secretary of State, as required for	
If not an officer of sai	d entity, please provide a Declaration	n of Power of Attorney with the Reinstate	ement Application.
X D	r chairman of the board (Required)	Sittle (Required)	10 - 2 - 1 S Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 7, 2015

LEBANON WHOLESALE, INC. PO BOX 601 LEBANON KY 40033

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LEBANON WHOLESALE**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0083371





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: 10/06/2015
LEBANON WHOLESALE, 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,

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

Kentucky Secretary of State organization number 0083371

