Organization ID# State of origin

Filing fee

0630172

**Commonwealth of Kentucky** \$175.00 Elaine N. Walker, Secretary of State

0630172.09

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 2/8/2012 10:21 AM

Fee Receipt: \$175.00

Elaine N. Walker 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 2007 through 2011

Exact organization name and principal office address **DURHAM ELECTRIC AND MINING SUPPLIES INC** PO BOX 844 **WALLINS CREEK KY 40873** 

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.kv.gov/ftsearch or can be downloaded from our website.

| Registered Agent an                                    | d Registered Office Addres  | S   | and the second s |                                       |
|--|---|---|--|---------------------------------------|
| ANTHONY M<br>86 MARLOW                                 | DURHAM  | 2   |  |                                       |
|  | REEK, KY 40873  |   | 4  |                                       |
|  |   |   |  |                                       |
| Principal Officers - I specified, officer addresses de | ist the name, address and title of all our<br>fault to the principal office address. Cornor | ent officers. All organizations must<br>ations are required to list a Secreta | list at least one (1) officer, even in the ca<br>iy or other officer serving as records cus  | ase of a sole officer. If not stodian |
| President  | Anthony Durham  | "   | 844 Wallins Co   | cek Ky 40873                          |
| Vice-President   |   |   |  |                                       |
| Secretary  |   |   |  |                                       |
| Treasurer  |   |   |  |                                       |
| Directors List the name                                | and address of all directors (if applicable   | No listing of directors is verification                                       | n that the comoration has dispensed wil  | h directors. If not specified         |
| director addresses default to the                      |   | /. It o listing of directors is verification                                  | That the corporation has disposited  | ar directors. If flot opeonica,       |
|  |   |   |  |                                       |
|  | Mark commenced to   |   |  |                                       |
|  |   | * /   |  |                                       |
|  |   |   |  |                                       |
|  |   |   |  |                                       |
|  |   |   |  |                                       |
| The above entity was a                                 | administratively dissolved on No  | vember 1, 2007 because  | he entity did not file its annual  | report for the year                   |
| 2007. The undersigned                                  | states that the grounds for diss  | solution either did not exist   | or have been eliminated, and   | the entity's name                     |
| satisfies the requireme                                | nts of KRS 271B.14-210, Enclo   | sed is a check in the amor  | int of \$175.00, payable to Ker  | tucky State Treasurer.                |
| Under penalty of perjur                                | ry, the below signed hereby auth  | orizes the Kentucky Depa  | irtment of Revenue to release  | any applicable tax                    |
| information pertaining                                 | TO DURHAM ELECTRIC AND M  | INING SUPPLIES INC to 1   | he Secretary of State, as requ   | ired for reinstatement                |
| pursuant to KRS 271B                                   | Six MA.   |   |  |                                       |
| If not an officer of said                              | entity, please provide a Declara  | ition of Power of Attorney  | with the Reinstatement Applic  | ation.                                |
| V  |   | a Droc 1  |  | 17-15-11                              |
| A Constitute of officer or of                          | chairman of the board (Required)  | Title (Re   | quired)  | Date (Required)                       |
| Signature of onicer of C                               | Mailman of the board (Nequired)   | 7   | quiou  | Date (modelies)                       |



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

February 8, 2012

## DURHAM ELECTRIC AND MINING SUPPLIES INC PO BOX 844 WALLINS CREEK KY 40873

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DURHAM ELECTRIC AND MINING SUPPLIES INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Vickie Nichols, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0630172





## **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

Joseph U. Meyer Secretary

**William Monterosso Executive Director** 

Date: 02/08/2012

DURHAM ELECTRIC AND MINING SUPPLIES 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,

Tara Welch Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0630172

