Organization ID # 0998872 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0998872.09

dwilliams

PRPF Michael G. Adams

Received and Filed: 2/23/2021 9:33 AM Fee Receipt: \$130.00

Kentucky Secretary of State

RST

Michael G. Adams 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 2020 through 2021

Exact organization name and principal office address **MATTHEW R WARE INC**

PO BOX 1423 GEORGETOWN KY 40324

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 a	nd Registered Office Address	FEIN (O	otional)	
Matthew R		The second of the second of		
118 Galaha				
Georgetowr		فالمستحدث المتاريخ والمستحد والمتاريخ		
company's information	s included in a parent company's Ke	entucky tax return as a disregatoed		
FEIN:	Name:			
			1 mg - 1	
		rrent officers. All organizations must list at least one (1) officer orations are required to list a Secretary or other officer serving		
specilled, onicer addresses President	MATTHEW WARE		118 Galahad Drive Georgetown, KY 40324	
Vice President	WINDY WARE		118 Galahad Drive Georgetown, KY 40324	
VIOC I TOOLGOIK	VIIIO VVIII		. 1st - M.	
			1 N S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			4 (8.4) (4.4)	
		ole). No listing of directors is verification that the corporation ha	s dispensed with directors. If Not specified,	
director addresses default to	the principal office address.			
			<u> </u>	
 				
			The state of the s	
The above entity was	administratively dissolved on O	ctober 8, 2020 because the entity did not file it	s annual report for the year 2020.	
The undersigned stat	tes that the grounds for dissoluti	on either did not exist or have been eliminated	and the entity's name satisfies the	
equirements of KRS	271B.14-210. Enclosed is a che	eck in the amount of \$130.00, payable to Kenti	icky State Treasurer.	
Jnder penalty of peri	ury, the below signed hereby au	thorizes the Kentucky Department of Revenue	to release any applicable tax	
nformation pertaining	g to Matthew R Ware Inc to the	Secretary of State, as required for reinstateme	nt pursuant to KRS 271B.14-220.	
·		ration of Power of Attorney with the Reinstaten		
1 4	1			
X Windy		Vice President	2/3/2021	
Signature of officer C	or chairman of the board (Required)	Title (Required)	Date (Required)	

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

Matthew R Ware Inc Po Box 1423 Georgetown KY 40324 Notice Date: KY SoS Org. ID:

February 23, 2021

0998872

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370



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: 02/23/2021	
Matthew R Ware 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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272

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

Kentucky Secretary of State organization number 0998872

