Organization ID # 0735173 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0735173.09

amcray PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

12/7/2015 2:40 PM 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

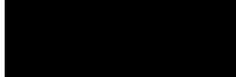
RST

Exact organization name and principal office address
ALLIED PLUMBING INC.
2151 WOODLAWN ROAD
BARDSTOWN KY 40004

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

JOSEPH DEREK ROGERS 2151 WOODLAWN ROAD BARDSTOWN, KY 40004



| Principal Officers - specified, officer addresses of | List the name, address and title of all cudefault to the principal office address. Corp | nrent officers. All organizations must list at least one (1) officer, e orations are required to list a Secretary or other officer serving as | ven in the case of a sole officer. If not |
|--|---|---|--|
| President | JOSEPH DEREK ROGE | | |
| Secretary | JOSEPH DEREK ROGE | | |
| Vice President | DERRICK YATES | | ······································ |
| | | | |
| Directors - List the nar director addresses default to | ne and address of all directors (if applicab the principal office address. | le).No listing of directors is verification that the corporation has di | ispensed with directors. If not specified, |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2015. The undersigne | ed states that the grounds for dis | eptember 12, 2015 because the entity did not file solution either did not exist or have been elimina osed is a check in the amount of \$115.00, payab | ated, and the entity's name |
| Under penalty of perju | ary, the below signed hereby aut | thorizes the Kentucky Department of Revenue to the Secretary of State, as required for reinstaten | release any applicable tax |
| If not an officer of saje | d entity please provide a Declar | ation of Power of Attorney with the Reinstatemer | nt Application. |
| X Duck | they/ | President | 12-2-15 |
| Signature of officer or | chairman of the board (Required) | 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

December 7, 2015

ALLIED PLUMBING INC. 2151 WOODLAWN ROAD BARDSTOWN KY 40004

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ALLIED PLUMBING 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0735173





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: 12/07/2015 |
|--|
| ALLIED PLUMBING 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). |
| Cincaraly |

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 0735173

