Organization ID # 0325074 State of origin Filing fee \$115.00

Michael G. Adams

Secretary of State P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 11/4/2020 12:15 PM Fee Receipt: \$115.00

Reinstatement Application and **Reinstatement Annual Report** 

For the year 2020

_	_				
ヒッっへも	organization	nama and	mrimainal	~ffi ~~	addussa
ニスαしι	Organization	Haine and	brincibai	unice	address

BM&MENTERPRISES, INC. 3900 CANE RUN RD **LOUISVILLE KY 40211** 

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 LOUIS I. WATERMAN

SUITE 700 N. 200 S. 5TH ST. LOUISVILLE, KY 40202

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN:

FEIN (Optiona	i)

<b>Principal Officers -</b> List 1	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	t to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian
President	BRIAN BLOOM

Secretary CARLTON MCCRAY Treasurer **CARLTON MCCRAY** RODNEY MCCRAY Vice President

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.

**BRIAN BLOOM** 

**CARLTON MCCRAY** 

RODNEY MCCRAY

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$115.00, 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 B M & M ENTERPRISES, 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.

itle (Required) ard (Required)

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

BM&MENTERPRISES, INC. 3900 CANE RUN RD LOUISVILLE KY 40211

Notice Date:

November 4, 2020

KY SoS Org. ID: 0325074

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



# COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <a href="https://kewes.ky.gov">https://kewes.ky.gov</a> UITax@KY.GOV

Date: 11/04/2020

B M & M ENTERPRISES, 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 0325074

