Organization ID # 0940276 State of origin KY Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0940276.09

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Michael G. Adams Kentucky Secretary of State Received and Filed:

8/2/2021 7:29 AM Fee Receipt: \$130.00

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

RST

Date (Required)

Exact organization name and principal office address
RPM 1 INC
231 ALPHA AVE
LOUISVILLE KY 40218

man of the board (Required)

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 https://web.sos.kv.gov/ftsearch or can be downloaded from our website.

				filed online at <u>https:</u> be downloaded from	\web.sos.ky.gov\ftsearch or can our website.
	and Registered Office	<u>Address</u>	. L	Ť	
	LE . KY 40218				<u>,</u>
	y is included in a parent cor on here (optional):	npany's Kentuck	y tax return as a disrega	rde	
	S - List the name, address and es default to the principal office a				n the case of a sole officer. If not order
Sole Officer	ROBERT P MC	LEOD		190 <u>0</u>	· · · · · · · · · · · · · · · · · · ·
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director addresses defaul	t to the principal office address.	15 (a applicable). No	ising of uncours is verificated		nsed with directors. If Not specified,
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			8	No. of the second	4 4
The undersigned s requirements of KF	as administratively disso tates that the grounds fo RS 271B.14-210. Enclose erjury, the below signed	r dissolution eit ed is a check in	her did not exist or have the amount of \$130.0	ve been eliminated, and 0, payable to Kentucky S	••
information pertain	ing to RPM 1 Inc to the	Secretary of Sta	ate, as required for rei	nstatement pursuant to I	(RS 271B.14-220.
If not an office of s	said entity, please provid	e a Declaration		vith the Reinstatement A	epplication.
X		41	fosident	e de la companya de	Ce(-1(-)

Title (Required)

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

July 30, 2021

0940276

Fax: 502-564-0058

BOURKE ACCOUNTING LLC 1941 BISHOP LANE **STE 102 LOUISVILLE KY 40218**

Notice Date:

KY SoS Org. ID:

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.

2. An authorized person requested this letter.

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

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 date above.
 - 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 https://kewes.ky.gov UITax@KY.GOV

Date: 07/30/2021		
RPM1 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
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0940276

