Organization ID # 0218377 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0218377.09

mstratton PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

11/2/2015 1:20 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
BROCKMAN CARPET, INC.
5565 OLD LEBANON RD.
CAMPBELLSVILLE KY 42718

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address
HOLLIS BROCKMAN
5565 OLD LEBANON RD.
CAMPBELLSVILLE, KY 42718



Principal Officer specified, officer address	'S - List the name, address and title of all current es default to the principal office address. Corporatio	officers. All organizations must list at least one (1) officens are required to list a Secretary or other officer servi	er, even in the case of a sole officer. If not ng as records custodian
President	HOLLIS BROCKMAN		
	name and address of all directors (if applicable).No	b listing of directors is verification that the corporation h	nas dispensed with directors. If not specified,
2015. The undersign	gned states that the grounds for dissolu	ember 12, 2015 because the entity did no ution either did not exist or have been eli d is a check in the amount of \$115.00, pa	minated, and the entity's name
information pertain 271B.14-220.	ning to BROCKMAN CARPET, INC. to 1	izes the Kentucky Department of Revent the Secretary of State, as required for rei	nstatement pursuant to KRS
If not an officer of	said entity, please provide a Declaratio	n of Power of Attorney with the Reinstate	ement Application.
X Signiffure of office	er or chairman of the board (Required)	Title (Required)	0/2 9/6 Date (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 2, 2015

BROCKMAN CARPET, INC. 5565 OLD LEBANON RD. CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BROCKMAN CARPET, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0218377





## 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: 11/02/2015
BROCKMAN CARPET, 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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0218377

