State of origin KY	n Lundergan Grime		111100 1 111 1 16111 1 111 0780577 09 an	ncray
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718	Reinstatement	Application and Annual Report	Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/15/2016 1:42 PM Fee Receipt: \$130.00	PRPF
(502) 564-3490 http://www.sos.ky.gov	For the years 20	15 through 2016		
Exact organization name and principal office address DAVIS TEAM 1, INC. 218 KEENE MANOR CIRCLE NICHOLASVILLE KY 40356		name/office add form. When rein addresses until t reinstatement is	fice address and registered agent iress cannot be changed on this stating, you cannot modify the ne reinstatement is filed. Once the filed, the statement of change can be <u>p.sos.ky.gov/fitsearch</u> or can be our website.	
Registered Agent and Register ROBERT C. DAVIS 218 KEENE MANOR CIP NICHOLASVILLE, KY 40	RCLE 0356			
	dress and title of all current officers. All organization office address. Corporations are required to the second		ecords custodian	
President ROBER	<u>T CARL DAVIS</u>			-
Directors - List the name and address of director addresses default to the principal office	all directors (if applicable). No listing of directors address.	is verification that the corporation has dis	pensed with directors. If not specified,	
				-

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$130.00, 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 DAVIS TEAM 1, 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 Deelaration of Power of Attorney with the Reinstatement Application.

Х

Signature of officer or chairman of the board (Required)

itle (Required)

4/12/16

resident



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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 04/15/2016

DAVIS TEAM 1, 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,

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

Kentucky Secretary of State organization number 0780577





DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

April 15, 2016

DAVIS TEAM 1, INC. 218 KEENE MANOR CIRCLE NICHOLASVILLE KY 40356

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DAVIS TEAM 1, 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,

David REV3885, Revenue Auditor I Pass THrough Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-782-2502 FAX# 502-564-3392

Kentucky Secretary of State organization number 0780577

