Organization ID # 0857478 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0857478.09

**bAlimonos** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 4/10/2018 11:44 AM

Fee Receipt: \$130.00

731

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 years 2017 through 2018

Exact organization name and principal office address VENTURE HOSPITALITY, INC. **627 SOUTH SECOND STREET CENTRAL CITY KY 42330** 

Registered Agent and Registered Office Address

CHARLES S. FOSTER 205 NORTH SIXTH STREET MAYFIELD, KY 42066

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

Name:

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.

FEIN (Optional)

Vice President President Di						
	EBOKAH LYNN ¥	<del>UNGFIELE</del> Gray ————————————————————————————————————	1993 Mu	d splash	Rd Glendale	Ky 42740
Directors - List the name and addirector addresses default to the princip	, ,	oplicable).No listing of director	s is verification that the corp	oration has dispensed wi	ith directors. If not specified,	

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 VENTURE HOSPITALITY, 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 App	lication.	
X Deherrer Tyn Sleer	Dresident	4-5-	201
Signature of officer or chairman of the board (Required)	Title (Réquired)	Date (Requi	red)

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

April 10, 2018

0857478

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

VENTURE HOSPITALITY, INC. C/O DEBORAH LYNN GRAY 1993 MUD SPLASH RD GLENDALE, KY. 42740

Letter of Good Standing Request - Approved

**SUMMARY** 

RE:

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 filing.
- 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 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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038



# 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: 04/10/2018
VENTURE HOSPITALITY, 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 0857478

