Organization ID # 0041180 **Commonwealth of Kentucky** State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0041180.09

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/26/2018 2:15 PM Fee Receipt: \$115.00

RST

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 2017

Exact organization name and principal office address WILLIAM L. PETERSON CO., INC. 2903 DOTSON DR

LOUISVILLE KY 40233-1381

Registered Agent and Registered Office Address

WILLIAM L. PETERSON

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.kv.gov/ftsearch or can be downloaded from our website.

FEIN (Optional)

If the above company i	GE, KY 40223 s included in a parent company's Kentucky	y tax return as a disregarded	
company's information FEIN:	here (optional): Name:		
		ficers. All organizations must list at least one (1) officer, even in s are required to list a Secretary or other officer serving as reco	
President	JOY D PETERSON	320 Joe Conway Low	1/ 1/40111
Secretary	ANDREW A ALVEY	4050 Westport Rd L	ov. Ky 40207
Vice President	JAMES W PETERSON	2903 Dotson Dr. Loul	Ly 40233
		sting of directors is verification that the corporation has dispens	sed with directors. If not specified,
director addresses default to	the principal office address.		
			-
		r 9, 2017 because the entity did not file its annu	
		her did not exist or have been eliminated, and t the amount of \$115.00, payable to Kentucky S	
		es the Kentucky Department of Revenue to rele c. to the Secretary of State, as required for rein	
If not an officer of sai	d entity, please provide a Declaration	of Power of Attorney, with the Reinstatement A	pplication.
X Andre	v Alvez	Secretary	10/23/17
Signature of officer of	r chairman of the board (Required)	Title (Required)	Date (Required)
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Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

WILLIAM L. PETERSON CO., INC. 2903 DOTSON DR **LOUISVILLE KY 40233-1381**

Notice Date: KY SoS Org. ID: January 26, 2018

0041180

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 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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099



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: 01/26/2018	
WILLIAM L. PETERSON CO., INC.	
Dear Sir/Madam:	
KRS 14A.7-030(1)(f) CERTIF	ICATE

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,

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

Kentucky Secretary of State organization number 0041180

