

Organization ID # 0027283  
State of origin KY  
Filing fee \$130.00  
30.00

# Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0027283.09 amcray NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
6/22/2017 11:53 AM  
Fee Receipt: \$30.00

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 years 2016 through 2017

**Exact organization name and principal office address**  
KENTUCKY ASSOCIATION OF BARBERS, INC.  
TOM SUTHERLAND-PRESIDENT  
P.O. BOX 270  
LAWRENCEBURG KY 40342

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**  
TOM SUTHERLAND-PRESIDENT  
1301 POWELL TAYLOR RD  
LARENCEBURG, KY 40342

**FEIN (Optional)**  


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

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Treasurer	EDWARD BURKE	_____
Assistant Treasurer	ERNIE BAKER	_____
Secretary	DAVID GRIGSBY	_____
President	TOM SUTHERLAND	_____

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

J R COX	_____	_____
LARRY RILEY	_____	_____
MARK SUTHERLAND	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 273.3181. 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 KENTUCKY ASSOCIATION OF BARBERS, 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 Application.

X Edward Burke \_\_\_\_\_ June 22 17  
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)

*Fee waived per MW*

**Interim Officers**



**President- Tom Sutherland  
(502) 538-7211**

**Vice President- J.R. Cox, Jr  
(270)-782-3261**

**Secretary- David Grigsby  
(859) 983-3498**

**Treasurer- Eddie Burk  
(502) 320-9403**



**DANIEL P. BORK**  
Commissioner

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

June 22, 2017

**KENTUCKY ASSOCIATION OF BARBERS, INC.  
TOM SUTHERLAND-PRESIDENT  
P.O. BOX 270  
LAWRENCEBURG KY 40342**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKY ASSOCIATION OF BARBERS, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-2169  
Fax: (502) 564-3392

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