Organization ID # 0960383 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0960383.09

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 11/15/2017 7:42 AM 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 2017

Exact organization name and principal office address ANDREA & COMPANY, INC. 2706 WINDSOR FOREST DRIVE **LOUISVILLE KY 40272**

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

		do	wnloaded from our website	9.
Registered Agent and Registered Office	Address	F	EIN (C)ptional)	
ANDREA C. WALKER	_			
2706 WINDSOR FOREST DRIVE				
LOUISVILLE, KY 40272 If the above company is included in a parent c	omnany's Kentucky tax retu	rn as a disregard		ent
company's information here (optional):	ompany or tomasny tan rote	us a rist gat a		
FEIN:Name:	· · · · · · · · · · · · · · · · · · ·			
Principal Officers - List the name, address an				
specified, officer addresses default to the principal office	address. Corporations are requir	ed to list a Secretary or other office	er serving as records cust	odian
President MARCA I	saller -	2706 burde	Prof L	ru fy 40212
Vice-President Andra L	walked	<u> </u>		
Secretary India a	willed	11		
Treasurer Hilada	willied			
Directors - List the name and address of all director addresses default to the principal office address		ectors is verification that the corpo	oration has dispensed with	directors. If not specified,
	<u> </u>			
		<u></u>		
·		<u>.</u>		
The above entity was administratively diss The undersigned states that the grounds f requirements of KRS 271B.14-210. Enclos	or dissolution either did r	not exist or have been elir	ninated, and the en	tity's name satisfies the
Under penalty of perjury, the below signed nformation pertaining to ANDREA & COM 271B.14-220.				
lf not an officer of said entity, please provi	de a Declaration of Powe	er of Attorney with the Rei	nstatement Applica	tion.
x Andrea walke	L. Prili	dint		10/31/17
Sidnature of officer or chairman of the board (Re-	guired)	Title (Required)		Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 14, 2017

ANDREA & COMPANY, INC. 2706 WINDSOR FOREST DRIVE LOUISVILLE KY 40272

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ANDREA & COMPANY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Bruce REV3968, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2038 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0960383





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: 11/14/2017
ANDREA & COMPANY, 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 0960383

