| Ownerster ID # 000                          | 7000 6                                 |                    |                            |                     |  | 1131 WA SEWELLS & WAS IN MERR WI                                      |               |
|---|--|--------------------|----------------------------|---------------------|--|---|---------------|
| Organization ID # 096<br>State of origin KY | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                    | onwealth c                 |                     | -  | 0967683.09  | ADevir<br>PRF |
| Filing fee \$160.00                         | Micha                                  | ael G. /           | Adams, Se                  | ecreta              | ry of State                                  | Michael G. Adams  |               |
|   |  |                    |                            |                     |  | Kentucky Secretary of   | State         |
|   | 1                                      |                    |                            |                     |  | Received and Filed:   |               |
| Michael G. Adam                             | s                                      |                    |                            |                     |  | 11/19/2020 8:28 AM  |               |
| Secretary of State                          | e                                      | Reinst             | tatement A                 | \pplic              | ation and                                    | Fee Receipt: \$160.00   |               |
| P. O. Box 718                               |  |                    | tatement                   |                     |  |   |               |
| Frankfort, KY 40602-                        |  |                    |                            |                     |  | ]   |               |
| (502) 564-3490                              |  | For                | the years 201              | 17 throu            | ugh 2020                                     |   |               |
| http://www.sos.ky.g                         | JOV                                    |                    |                            |                     |  |   |               |
|   |  |                    |                            |                     | The principal o                              | flice address and registered a  | aent          |
| Exact organization name<br>GAMBOL INDUS     |  | onice addre        | :22                        |                     | name/office ad                               | dress cannot be changed on th   |               |
| ••••  |  |                    |                            |                     |  | nstating, you cannot modify the<br>the reinstatement is filed. Once t | he            |
| 211 HEMINGWAY ROAD<br>LOUISVILLE KY 40207   |  |                    |                            |                     | reinstatement is                             | filed, the statement of change c                                      | an be         |
|   |  |                    |                            |                     | filed online at <u>ap</u><br>downloaded fror | p <u>.sos.ky.gov/ftsearch</u> or can b<br>n our website.              | e             |
| Registered Agent and Re                     | gistered Office                        | Address            |                            |                     | FEIN (Opti                                   | onal)   | _             |
| DAVID GAMBOL                                |  |                    |                            |                     |  |   |               |
| 211 HEMINGWAY                               |  | The second         |                            | •                   |  |   |               |
| LOUISVILLE, KY                              | 40207<br>Ided in a narent cr           | mnany's Ker        | tucky tax return as a      | disregarde          |  |   | nt            |
| company's information here (                | (optional):                            | inpany s ter       | nuony lax retain as t      | alonsgara           |  |   |               |
| FEIN: Nam                                   |  |                    |                            |                     |  |   |               |
| Principal Officers - List th                |  |                    |                            |                     |  |   | lf not        |
| specified, officer addresses default        |  |                    | <u> </u>                   | t a Secretary       | 1  |   |               |
| President                                   | DAVID GA                               | mbol;              | President                  | - 211               | Hemingway Re                                 | Larsville, Ky 40  | 0207          |
| Vice-President                              | · · · · · · · · · · · · · · · · · · ·  |                    |                            |                     |  | · · · · · · · · · · · · · · · · · · ·                                 |               |
| Secretary                                   | <u></u>                                | _                  | ·                          |                     | ·  | ,   |               |
| Treasurer                                   |  |                    | <u> </u>                   |                     | <u></u>                                      |   |               |
| Directors - List the name And               | address of all direct                  | m (if applicable   | NNo licting of directors l | ,<br>vorification t | bat the compration has di                    | enenged with directors. If Not en                                     | ecified       |
| director addresses default to the pri       |  | sis (ii applicable |                            | s vermoation t      | and the corporation has a                    | aperioed with directors. In Nor op                                    | conica,       |
|   | · · · · · ·                            |                    | 2                          |                     | 1.1  |   |               |
|   | ·                                      |                    |                            |                     |  | ,                               |               |
|   |  | ·                  | <u> </u>                   |                     | · · · · · · · · · · · · · · · · · · ·        |   |               |
| <u>د</u>                                    | · · · · · · · · · · · · · · · · · · ·  |                    |                            |                     | <u> </u>                                     | · · · · · · · · · · · · · · · · · · ·                                 |               |
| · · ·                                       |  |                    |                            |                     | · · · · ·                                    |   |               |
| ······································      | <u> </u>                               |                    |                            |                     |  | 1   |               |
| 1   |  |                    |                            |                     |  |   |               |
| The above entity was adm                    | inistratively diss                     | olved on Oc        | tober 9, 2017 beca         | ause the e          | ntity did not file its a                     | annual report for the yea   | r 2017.       |
| The undersigned states th                   | at the grounds for                     | or dissolutio      | n either did not exi       | st or have          | been eliminated, a                           | nd the entity's name sat  | isfies the    |
| requirements of KRS 271E                    |  |                    |                            |                     |  |   |               |
| Under penalty of periury, th                | ne below signed                        | hereby auth        | norizes the Kentuc         | kv Departi          | ment of Revenue to                           | release any applicable  | tax           |

information pertaining to GAMBOL INDUSTRIES INC. to the Secretary of State, as required for reinstatement pursuant to KRS 2718.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

<u>X</u>

Signature of officer Or chairman of the board (Required)

President Title (Required)



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 11/18/2020

GAMBOL INDUSTRIES INC.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0967683





| GAMBOL INDUSTRIES INC. |
|------------------------|
| 211 HEMINGWAY ROAD     |
| LOUISVILLE KY 40207    |

| Notice Date:    | November 18, 2020 |
|-----------------|-------------------|
| KY SoS Org. ID: | 0967683           |

| RE:                    | Letter of Good Standing Request - Approved<br>You requested a letter of good standing, and your entity is in <b>good</b><br><b>standing</b> with the Department of Revenue.<br>We verified the following information.<br>1. You are registered with the Department of Revenue.  |  |  |  |  |
|------------------------|---|--|--|--|--|
| SUMMARY                |   |  |  |  |  |
| OUR DETERMINATION      |   |  |  |  |  |
|                        | <ol> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>   |  |  |  |  |
|                        | This notice will remain current for 30 days from the notice date above.   |  |  |  |  |
| WHAT YOU NEED TO DO    | <ol> <li>If you are attempting to reinstate your entity, please provide a copy of<br/>this letter to the Kentucky Secretary of State within 30 days of the notice<br/>date above.</li> <li>If you are a for-profit corporation, you will also need to provide the<br/>Secretary of State a letter of good standing from the Division of<br/>Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your tax<br/>returns with the Kentucky Attorney General. The charity filing<br/>requirements website is: http://ag.ky.gov/family/consumerprotection/<br/>charity/Pages/registration.aspx.</li> </ol> |  |  |  |  |
| CONTACT<br>INFORMATION | If you have any questions regarding this notice, please contact me. Thank you.  |  |  |  |  |
|                        | Agent: Dottye REV3769, Taxpayer Specialist I<br>Email: Dottye.Roberts@ky.gov<br>Direct: 502-564-0102  |  |  |  |  |