Organization ID # 0223684 State of origin

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

0223684.09

mstratton

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/7/2015 1:48 PM 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 2015

Exact organization name and principal office address WOODFORD, SPEARS & SONS, INC. BOX 143 1510 S. MAIN ST. **PARIS KY 40361**

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.

Registered Agent and Registered Office Address

CHARLES S. SPEARS, III 1510 S. MAIN ST. **PARIS, KY 40361**



		rent officers. All organizations must list at least one (1) officer, or rations are required to list a Secretary or other officer serving a	
Secretary	CHARLES S SPEARS JF	3	
President	CHARLES S SPEARS JF		
Treasurer	CHARLES S SPEARS JE		
	name and address of all directors (if applicable It to the principal office address.	e). No listing of directors is verification that the corporation has o	dispensed with directors. If not specified,
 			
2015. The undersig	gned states that the grounds for dis	ptember 12, 2015 because the entity did not fil solution either did not exist or have been elimin	nated, and the entity's name
satisfies the require	ements of KRS 271B.14-210. Enclo	sed is a check in the amount of \$115.00, paya	ble to Kentucky State Treasurer.
	ing to WOODFORD, SPEARS & SC	horizes the Kentucky Department of Revenue to DNS, INC. to the Secretary of State, as required	
If not an officer of s	said entity, please provide a Declara	ation of Power of Attorney with the Reinstateme	ent Application.
X Umhis	She	Owner / MANHOER	10-05-15
Signature of office	er of chairman of the board (Required)	ine (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 7, 2015

WOODFORD, SPEARS & SONS, INC. BOX 143 1510 S. MAIN ST. PARIS KY 40361

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **WOODFORD**, **SPEARS & SONS**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0223684





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: 10/07/2015 WOODFORD, SPEARS & SONS, 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 0223684

