Organization ID # 0429284 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/7/2020 10:04 AM Fee Receipt: \$115.00

Michael G. Adams 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 2020

Exact organization name and principal office address SPILL MANAGEMENT PRODUCTS, INC. **528 RIDGE VIEW DRIVE NICHOLASVILLE KY 40356**

Signature of officer Or chairman of the board (Required)

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

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	ASVILLE, KY 40356		notiven on a diam			nt
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le Officer	GARY MINTON I		i i i i i i i i i i i i i i i i i i i	a to not a decretary		<u> </u>
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	e name And address of all director		ting of directors is	verification that th	e corporation has dispensed wit	h directors. If Not
cified, director add	resses default to the principal office	e address.		8		
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					Royal Sales	
e ahove entity	was administrativaly dissoli		2020 hecaus	e the entity did	not file its annual report	for the year 2020
	was administratively dissol	ved on October 8,				
e undersigned	states that the grounds for	ed on October 8,	r did not exist	or have been el	iminated, and the entity	s name satisfie:
e undersigned requirements	states that the grounds for of KRS 271B.14-210. Enclo	ved on October 8, dissolution eithe osed is a check in	r did not exist the amount o	or have been el of \$115.00, pay	iminated, and the entity able to Kentucky State Ti	s name satisfies easurer.
e undersigned requirements ider penalty of	states that the grounds for of KRS 271B.14-210. Encloser perjury, the below signed ho ining to SPILL MANAGEMEI	ved on October 8, dissolution eithe osed is a check in ereby authorizes	r did not exist the amount o the Kentucky I	or have been el of \$115.00, paya Department of R	iminated, and the entity able to Kentucky State Ti tevenue to release any a	s name satisfies easurer. pplicable tax

Title (Required)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

SPILL MANAGEMENT PRODUCTS, INC. 202 RICHLAND DRIVE RICHMOND KY 40475

Notice Date:

December 7, 2020

KY SoS Org. ID: 0429284

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Holly REVX186, Revenue Auditor III

Email: Holly.Hannis@ky.gov

Direct: 502-564-7263



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 12/07/2020

SPILL MANAGEMENT PRODUCTS, INC.

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,

Dear Sir/Madam:

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0429284





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Date: 12/07/2020

SPILL MANAGEMENT PRODUCTS, INC.

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,

Dear Sir/Madam:

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
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