Organization ID # 0152586 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

0152586.09

Fee Receipt: \$130.00

dcornish PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/18/2014 8:05 AM

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 2013 through 2014

**RST** 

Exact organization name and principal office address

GERIN ENTERPRISES, INC. 2310 NAMEOKI RD. GRANITE CITY IL 62040 The principal office address and registered agent name/office address cannot be changed on this form. When reinstaling, you cannot modify the addresses until the reinstatement is fied. Once the reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.gog.ky.gov/fitsearch">app.gog.ky.gov/fitsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address

THOMAS J. KEULER 555 JEFFERSON ST., STE. 301 PADUCAH, KY 42001

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

Sole Officer	GEROLD MYATT	3 Bloakla	WATGrandy Oty. IL 621	OVC
Dole Officer				<del></del>
butu	11. 450 11	112700001	W. Beener 16	
	# 1 3 Step 111	WANTED A	W 1	
<b>D</b> 1	III carrier 18	1.75 A 34 E		t assaified
DIFECTORS - List the name		e) No usung of directors is ventication to	nat the corporation has dispensed with directors. If no	r sbeculed,
GEROLD MYATT		31 Oaklawn   Granit	e City, IL 62040	
	M begins III	Winder CAN	M Proposition III	
	M 6 - 1 M	# 40.1 IV IM	AT POS 18	
	11 1 1000 11		11 h. 1111	
	#1 Ver. 4 111	\$ 10 1 11	M NY M	
	N 100 11 11	. 影為必須 、	Mala YM	
2013. The undersigned	I states that the grounds for dis	solution either did not exist of	ne entity did not file its annual report for have been eliminated, and the entity's of \$130.00, payable to Kentucky State	name
information pertaining t 271B.14-220.	o GERIN ENTERPRISES, INC	to the Secretary of State, as	nent of Revenue to release any applicat required for reinstatement pursuant to l	ole tax KRS
If not an officer of said	entity please provide a Declar	ation of Power of Attorney wit	h the Reinstatement Application.	1 .
X Low	/ / lw/W	PRESIDENT	9/11	1/14
Signature of officer or c	hairman of the board (Required)	Title (Requi	red) Date (Re	quired)



## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

**Steven L. Beshear** Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

Date:	09/1	8/20	14
Daic.	UJ/ I	0/20	' ' '

GERIN ENTERPRISES, 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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0152586





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

September 17, 2014

GERIN ENTERPRISES, INC. 2310 NAMEOKI RD. GRANITE CITY IL 62040

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **GERIN ENTERPRISES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 07/31/2013, 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,

Stephanie REVX219, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0152586

