Organization ID # 0631186 State of origin

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

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/17/2017 1:29 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 2017

| Exact or | ganization | <u>name and</u> | principal | <u>office</u> | address |
|----------|------------|-----------------|-----------|---------------|---------|
| | | | | | |

EL JIMADOR, INC. **1009 GRANITE DRIVE BARDSTOWN KY 40004** 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

| B/MB0101 | | filed online at <u>app.</u> s downloaded from o | sos.ky.gov/ftsearch or can be ur website. | | |
|---|--|--|--|--|--|
| Registered Agent a | nd Registered Office Address | FEIN (Option | FEIN (Optional) | | |
| SILVIANO F | R. LOPEZ | | | | |
| 1009 GRAN | | | | | |
| BARDSTOV | NN, KY 40004 is included in a parent company's Kentucky ta: | v raturn as a disregarder | t | | |
| company's information FEIN: | here (optional): | Cretum as a disregardo | | | |
| | | | in the second second second second | | |
| Principal Officers specified, officer addresses | List the name, address and title of all current officers default to the principal office address. Corporations are | s. All organizations must list at least one (1) officer, even required to list a Secretary or other officer serving as rec | ords custodian | | |
| President | EDUARDO GUZMAN | | | | |
| Secretary | SILVIANO LOPEZ | | | | |
| Vice President | CARLOS AYALA | | | | |
| | | | | | |
| | | of directors is verification that the corporation has dispe | nsed with directors. If not specified, | | |
| director addresses default to | o the principal office address. | | · · · · · · · · · · · · · · · · · · · | | |
| | <u> </u> | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| The chave entity was | and ministratively dissolved on October 9 | 2017 because the entity did not file its ani | gual report for the year 2017 | | |
| The above entity was The undersigned sta | tes that the grounds for dissolution either | did not exist or have been eliminated, and | the entity's name satisfies the | | |
| requirements of KRS | 271B.14-210. Enclosed is a check in the | amount of \$115.00, payable to Kentucky | State Treasurer. | | |
| Under penalty of per | jury, the below signed hereby authorizes t | he Kentucky Department of Revenue to re | lease any applicable tax | | |
| · | The state of the s | of State, as required for reinstatement purs | | | |
| If not an offic e r of sa | id entity, please provide a Declaration of F | Power of Attorney with the Reinstatement A | Application. | | |
| X | Hilley | Sec | 11-10-1> | | |
| Signature of officer of | or chairman of the beard (Required) | Title (Required) | Date (Required) | | |



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 17, 2017

EL JIMADOR, INC. 1009 GRANITE DRIVE BARDSTOWN KY 40004

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EL JIMADOR**, **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,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7336 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0631186





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: 11/17/2017 |
|--|
| EL JIMADOR, 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 0631186