Organization ID # 0334191 State of origin

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

0334191.09

amcray PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/27/2018 12:59 PM Fee Receipt: \$115.00

The principal office address and registered agent

name/office address cannot be changed on this

K51

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 2018

Exact organization name and principal office address

STINCO INC. 2291 S.R. 93N.

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be **KUTTAWA KY 42055** filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

| Registered Agent and Registered Office Address | | FEIN (Opt | ional) |
|--|--|--|--|
| KERRY B. S | | | |
| 2291 S.R. 9 | 3N | | |
| KUTTAWA, | KY 42055 | • | |
| f the above company is | s included in a parent company's Kentucky | tax return as a disregarded | t |
| company's information | here (optional): | _ | |
| FEIN: | Name: | | |
| Principal Officers | List the name, address and title of all current offic | ers. All organizations must list at least one (1) officer, e | ven in the case of a sole officer. If not |
| | | re required to list a Secretary or other officer serving as | records custodian |
| President | KERRY STINNETT | | |
| Vice President | TARA STINNETT | | |
| Secretary | TARA STINNETT | | |
| | | | |
| | | | |
| KERRY STINNETT | the principal office address. | | |
| | | | |
| | | AND THE STREET | |
| The undersigned stat | es that the grounds for dissolution either | 16, 2018 because the entity did not file itser did not exist or have been eliminated, a ne amount of \$115.00, payable to Kentucl | nd the entity's name satisfies the |
| Under penalty of perj | ury, the below signed hereby authorizes g to STINCO INC. to the Secretary of St | s the Kentucky Department of Revenue to ate, as required for reinstatement pursua | release any applicable tax nt to KRS 271B.14-220. |
| f not an officer of sai | d entity, please provide a Declaration o | f Power of Attorney with the Reinstatemen | nt Application. |
| X Ma J | Strinett | VP | 11-20-18 |
| Signature of officer of | r chairman of the board (Required) | Title (Required) | Date (Required) |



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: 11/27/2018 |
|--|
| STINCO 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 0334191



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| 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 0334191

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

November 27, 2018

0334191

Notice Date: KY SoS Org. ID: **KUTTAWA KY 42055**

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.

2. An authorized person requested this letter.

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

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.

STINCO INC.

2291 S.R. 93N.

- 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 date above.
 - 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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056