Organization ID # 0920592 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 10/30/2020 3:04 PM Fee Receipt: \$115.00

NO I

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

M. LANDERS, INC. 37 WASHINGTON SCHOOL RD. **SCOTTSVILLE KY 42164** 

Registered Agent and Registered Office Address

**MARCUS LANDERS** 37 WASHINGTON SCHOOL RD. SCOTTSVILLE, KY 42164

If the above company is included in a parent company's Kentucky tax return as a disregarded

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.kv.gov/ftsearch or can be downloaded from our website.

FEIN (Optional)

FEIN:	n nere (optional): Name:		
Principal Officers specified, officer addresse	S = List the name, address and title of all currentles default to the principal office address. Corporation	it officers. All organizations must list at least one (1) officer, ions are required to list a Secretary or other officer serving	even in the case of a sole officer. If not as records custodian
President	MARCUS LEVI LANDERS	37 Washington Scho	ou Rd Scuttsvije Kys
Directors - List the director addresses default	name And address of all directors (if applicable). It to the principal office address.	No listing of directors is verification that the corporation has	dispensed with directors. If Not specified,
The undersigned st	tates that the grounds for dissolution	ber 8, 2020 because the entity did not file its either did not exist or have been eliminated,	and the entity's name satisfies the
Under penalty of pe	erjury, the below signed hereby autho	in the amount of \$115.00, payable to Kentu rizes the Kentucky Department of Revenue tary of State, as required for reinstatement p	to release any applicable tax
		on of Power of Attorney with the Reinstatem  President	
Signature of officer	Or chairman of the board (Required)	Title (Required)	Date (Required)

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

M. LANDERS, Inc. 37 WASHINGTON SCHOOL RD. SCOTTSVILLE KY 42164

Notice Date: October 30, 2020

KY SoS Org. ID: 0920592

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 10/30/2020	
M. LANDERS, Inc.	
Dear Sir/Madam:	
	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,

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 0920592

