Organization ID # 0291894 State of origin KY Filing fee \$115.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0291894.09

Fee Receipt: \$115.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/8/2021 5:55 AM

**RST** 

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 2021

Exact organization name and principal office address
PALAZZINA,INC.
4917 SPRING FARM ROAD
PROSPECT KY 40059

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 <a href="https://www.https://wwb.sos.ky.gov/ftsearch">https://wwb.sos.ky.gov/ftsearch</a> or can be downloaded

|                                 |   |  | The Property of the Control of the C | <u>\\</u>                  | veb.sos.ky.gov\ftsearc   | h or can be downloaded           |
|---------------------------------|---|--|--|----------------------------|--|----------------------------------|
|                                 |   | A STATE OF THE STA |  |                            |  |                                  |
| Registered Agent and            | Registered Office Addr  | ess  |  |                            |  |                                  |
| JENNIFER ST                     |   |  |  |                            |  |                                  |
| 4917 SPRING                     | FARM ROAD   |  | The second secon | 100                        |  |                                  |
| PROSPECT, k                     | CY 40059  | A STATE OF THE STA |  |                            |  |                                  |
| If the above company is in      | icluded in a parent compan  | y's Kentucky t   | ax return as a disreg  | arded entity o             | r a subsidiary, pleas  | e provide the parent             |
| company's information he        |   |  |  |                            |  |                                  |
| FEIN: Na                        | ame: <u>235-153 * * * * * * * * * * * * * * * * * * *</u>                 |  |  | <del></del>                |  |                                  |
| Dringing Officers               |   |  |  |                            |  |                                  |
| If not experified officer addre | list the <b>name, address and tit</b><br>sses default to the principal of | tie of all current   | officers. All organization   | s must list at le:         | est one (1) officer, eve   | n in the case of a sole officer. |
| Sole Officer                    | JENNIFER MARIE  |  |  | O list a decretar          | y or other divides servi   | ig as records custodian          |
| Oole Ollicei                    | OCINIAL CIZ MINISTE   | OIL JALLI  |  | in the state of the second | The state of the s | <del> </del>                     |
|                                 |   |  |  |                            |  | , "                              |
|                                 |   | <u>, , , , , , , , , , , , , , , , , , , </u>  |  |                            |  | . 1                              |
|                                 |   | - 2 .  |  |                            |  | <u> </u>                         |
| Directors                       |   | 44 - A. C. B. S. S.  | en de la companya de   |                            |  | 5 6<br>6 6 1                     |
|                                 | And address of all directors (<br>default to the principal office a       |  | listing of directors is v  | enrication that t          | ne corporation has disp  | ensed with directors. If Not     |
| JENNIFER MARIE ST               | <del></del>   |  |  | <del></del>                |  | ,                                |
| <del></del>                     |   |  |  | 100                        | 111947   |                                  |
|                                 |   |  |  |                            |  | /                                |
| <del></del>                     |   | . <u>**** = 34</u>   |  |                            |  |                                  |
| <del></del>                     | 28. 38.75e N  |  |  |                            |  |                                  |
|                                 |   |  |  | <del></del>                |  | <del></del>                      |
|                                 |   | 1.4  |  | 437                        |  |                                  |
|                                 | dministratively dissolved   |  |  |                            |  |                                  |
|                                 | d states that the grounds   |  |  |                            |  |                                  |
| satisfies the requireme         | ents of KRS 271B.14-21  | 0.Enclosed   | is a check in the a  | mount of \$11              | 5.00, payable to k   | entucky State Treasurer.         |
| Under penalty of perjur         | y, the below signed here  | eby authorize  | s the Kentucky De  | partment of                | Revenue to releas  | e any applicable tax             |
|                                 | to PALAZZINA, INC. to the   |  |  |                            |  |                                  |
| If not an officer of said       | entity, please provide a l  | Declaration of   | of Power of Attorney   | with the Re                | instatement Appli  | cation.                          |
| <b>Y</b> /\(\)                  |   |  | Dani   | 100.1                      | -  | 12/2/2011                        |
| 1 V/V/V/                        | the sale  |  | 1/1201   | aino                       |  | 14/2/2021                        |
| Signature of officer Or c       | harman of the board (Required   | 1)   | Title (F   | Required)                  |  | /Date (Required)                 |

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

PALAZZINA, INC. 4917 SPRING FARM ROAD PROSPECT KY 40059

Notice Date:

December 7, 2021

KY SoS Org. ID: 0291894

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.
- 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.

- 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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038



## 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: 12/07/2021 |                                 |
|------------------|---------------------------------|
| PALAZZINA,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
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0291894

