Organization ID # 0559896 State of origin KY

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

0559896.09

**BAlimonos PRPF** 

Alison Lundergan Grimes

Received and Filed: 11/14/2013 1:38 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 2013

RST

Exact organization name and principal office address TS PIPING INC. **256 JASON DRIVE NICHOLASVILLE KY 40356** 

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

## Registered Agent and Registered Office Address

JACOB THOMAS SCHWARTZ 256 JASON DRIVE NICHOLASVILLE, KY 40356



Principal Officer specified, officer address	rs = List the name, address and title of all cur ses default to the principal office address. Corpo	rent officers. All organizations must list at least one (1) officer, e rations are required to list a Secretary or other officer serving a:	even in the case of a sole officer. If not s records custodian
President	JACOB SWARTZ		
Secretary	TONYA SWARTZ		
	name and address of all directors (if applicable	e).No listing of directors is verification that the corporation has d	lispensed with directors. If not specified,
TONYA JEAN SV	WARTZ		
JACOB THOMAS			
			·
			<del></del>
2013. The undersi	gned states that the grounds for dis	eptember 28, 2013 because the entity did not file solution either did not exist or have been elimin used is a check in the amount of \$115.00, payat	ated, and the entity's name
		horizes the Kentucky Department of Revenue to tary of State, as required for reinstatement purs	
If not an officer of	said entity, please provide a Declara	ation of Power of Attorney with the Reinstateme	ent Application.
X Mar	of but	President	11-2-13
Signaffure of office	er or chairman of the board (Required)	Title (Required)	Date (Required)



## 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: 11/14/2013				
TS PIPING INC.				
Dear Sir/Madam:				
	KRS 14A.7	-030(1)(f) CERT	IFICATE	

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 0559896





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 14, 2013

TS PIPING INC. 256 JASON DRIVE NICHOLASVILLE KY 40356

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TS PIPING INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0559896

