Organization ID # 0268098 State of origin

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

0268098.09

mstratton **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 11/9/2017 11:26 AM 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

RST

Exact organization name and principal office address SYNERGISM CO., INC. 8005 VINECREST AVE #1 **LOUISVILLE KY 40222**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses ur til the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.

JEFFREY A. W 8005 VINECRE LOUISVILLE. K	ST AVE #1 Y 40222 lluded in a parent company's	<u>s</u> Kentucky tax return as a disregarde		
FEIN: Na				
Principal Officers - Lis specified, officer addresses defai	t the name, address and title of all ult to the principal office address. Co	current officers. All organizations must list at le orporations are required to list a Secretary or ot	east one (1) officer, even in the case of a sol her officer serving as records custodian	le officer. If not
President	ARI A. SCHWARTZ			
President	ANDY DABNEY			
		able).No listing of directors is verification that t	he corporation has dispensed with directors.	. If not specified,
director addresses default to the	principal office address.			
				
 _				
The undersigned states	that the grounds for dissolu	October 9, 2017 because the entity ution either did not exist or have be heck in the amount of \$115.00, pay	en eliminated, and the entity's na	ame satisfies the
		authorizes the Kentucky Departmer the Secretary of State, as required		
If not an officer of said e	ntity,/please provide a Decl	laration of Power of Attorney with the	ne Reinstatement Application.	
XAC		PRESIDENT		1
Signature of officer or cha	irman of the board (Required)	Title (Required)	¹Dat	te (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 9, 2017

SYNERGISM CO., INC. 2600 CONSTANT COMMENT PL LOUISVILLE, KY 40299

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SYNERGISM CO., 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,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2055 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0268098





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: 11/09/2017
SYNERGISM CO., 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 0268098

