Organization ID # 0471056
State of origin KY
Filing fee $115.00

# Commonwealth of Kentucky
# Alison Lundergan Grimes, Secretary of Sta

0471056.09 amcray PRPF
**Alison Lundergan Grimes**
**Kentucky Secretary of State**
Received and Filed:
9/29/2015 1:50 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 2015**

**RST**

**Exact organization name and principal office address**
**PAINT PADDLES, INCORPORATED**
**171 EAST Y DR.**
**PO BOX 857**
**MURRAY KY 42071**

**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.

[redacted]

**Registered Agent and Registered Office Address**
DOUG CONKRIGHT
171 EAST Y DRIVE
MURRAY, KY 42071

**Principal Officers** - List the **name, address and title** of **all** current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

| | | |
|---|---|---|
| Treasurer | DOUG CONKRIGHT | |
| Vice President | BOBBY FALWELL | |
| President | DOUG CONKRIGHT | |
| Secretary | DOUG CONKRIGHT | |

**Directors** - List the **name and address** of all directors (if applicable).No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

| | |
|---|---|
| DOUG CONKRIGHT | |
| BOBBY FALWELL | |
| | |
| | |
| | |

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 271B.14-210. Enclosed is a check in the amount of $115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to PAINT PADDLES, INCORPORATED to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

| X | President | 9-24-15 |
|---|---|---|
| Signature of officer or chairman of the board (Required) | Title (Required) | Date (Required) |

**THOMAS B. MILLER**
Commissioner

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

**ELYSE WEIGEL**
Deputy Commissioner

**BOB BROOKS**
Executive Director

September 28, 2015

**PAINT PADDLES, INCORPORATED**
**171 EAST Y DR.**
**PO BOX 857**
**MURRAY KY 42071**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PAINT PADDLES, INCORPORATED** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Theresa REV0868, Taxpayer Services Specialist II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7288
FAX# 502-564-0058

Kentucky Secretary of State organization number 0471056

**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: 09/28/2015

PAINT PADDLES, INCORPORATED

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 0471056