Organization ID # 0686814 State of origin KY

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/31/2014 12:54 PM Fee Receipt: \$130.00

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 years 2013 through 2014

RST

Exact organization name and principal office address LAS ESPIGAS INC

360 SAMPSON STREET GLASGOW KY 42141

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

V JOEL GARCIA 360 SAMPSON STREET GLASGOW, KY 42141



| | List the name, address and title of default to the principal office address. | | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| President | V J GARCIA | | | | |
| | | | | | |
| | me and address of all directors (if ap the principal office address. | oplicable).No listing of | directors is verification that t | he corporation has dispense | ed with directors. If not specified, |
| | | | | | |
| | | | | | |
| | | | | | |
| T | | 0 () | 0.00404 | | |
| 2013. The undersign | s administratively dissolved on the dissolved of the diss | or dissolution eit | ther did not exist or ha | ave been eliminated, | and the entity's name |
| Under penalty of perj information pertaining | ury, the below signed hereb g to LAS ESPIGAS INC to th | oy authorizes the | Kentucky Departmer State, as required for | nt of Revenue to rele reinstatement pursua | ase any applicable tax ant to KRS 271B.14-220. |
| If not an officer of sai | id entity, please provide a De | eclaration of Po | wer of Attorney with th | ne Reinstatement Ap | plication. |
| XX Jack | Suniu or chairman of the board (Required) | <u> </u> | うい NC/ Title (Required) | | X 1 - 25 - 2014 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: | 01/30/201 | 4 |
|-------|-----------|---|
| Date. | 01/30/201 | ┰ |

LAS ESPIGAS 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,

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 0686814





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

January 30, 2014

LAS ESPIGAS INC 316 SAMPSON ST GLASGOW KY 42141

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LAS ESPIGAS INC** has filed Kentucky Income Tax Returns through the tax year ended 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,

James Sutherland, Taxpayer Services Specialist II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359

Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0686814

