		[(0953914.09	kdcoleman PRPF
Organization ID # 0953914	Commonwealth of Kentue		lichael G. Adams	
State of origin KY Filing fee \$130.00	lichael G. Adams, Secretary		Kentucky Secretary Received and Filed:	of State
1 mmg lee \$150.00		1	/15/2021 3:23 PM	0
Minhael C. Adama		Ľ	Fee Receipt: \$130.00	0
Michael G. Adams Secretary of State	Reinstatement Applicati	on and		
P. O. Box 718	Reinstatement Annual F		RST	
Frankfort, KY 40602-0718 (502) 564-3490	For the years 2020 through	-		
http://www.sos.ky.gov	Tor the years 2020 through	2021		
Exact organization name and prin RISON ENTERPRISES, IN		name/office address can		
125 RYDER LANE		form. When reinstating, yo addresses until the reinstat	tement is filed. Once the	
MT. STERLING KY 40353		filed online at <u>app.sos.ky.</u> downloaded from our webs		
Registered Agent and Registered	Office Address			
GARY RISON 125 RYDER LANE				
MT. STERLING, KY 40353				
If the above company is included in a pa company's information here (optional):	arent company's Kentucky tax return as a disregarded er			
FEIN: Name:	arent company's kentucky tax return as a disregarded en Kison enterprises Inc.	-		
Principal Officers - List the name, ad	dress and title of all current officers. All organizations must list at least	one (1) officer, even in the c	ase of a sole officer. If not	
specified, officer addresses default to the princip President GARY F	al office address. Corporations are required to list a Secretary or other USON	officer serving as records cu	stodian	
·				
Directors - List the name And address of director addresses default to the principal office	all directors (if applicable).No listing of directors is verification that the	corporation has dispensed with	ith directors. If Not specified,	
director addresses deladit to the principal onice	auress.			
			<u></u>	
	ly dissolved on October 8, 2020 because the entity d			
	unds for dissolution either did not exist or have been Enclosed is a check in the amount of \$130.00, payat			the
	signed hereby authorizes the Kentucky Department of	-		
information pertaining to RISON EN 271B.14-220.	TERPRISES, INC. to the Secretary of State, as requi	red for reinstatement	pursuant to KRS	
	provide a Declaration of Power of Attorney with the	Reinstatement Annlic	ation.	
		rematatement Appie		
Signature of officet Or chairman of the bo	Other Title (Required)		1/13/2/	
orginature of onice. Of chairman of the bo			- Date (Required)	
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Aease cal	1 859-808-0787	tor po	y men 1	
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RISON ENTERPRISES, INC. 108 POWE DR WINCHESTER, KY. 40391	Notice Date: KY SoS Org. ID:	January 15, 2021 0953914
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RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.		
SUMMARY			
OUR DETERMINATION	We verified the following information.		
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Tonja REV3883, Taxpayer Services Specialist II		
	Email: Tonja.Lilly@ky.gov Direct: 502-564-7289		



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 01/15/2021

RISON ENTERPRISES, 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 0953914



