Organization ID # State of origin Filing fee \$130.	KY	Comm lichael G.			Kentuc	-	025310 Michael G. / Kentucky S Received ar 2/26/2020 1	Adams ecretary of nd Filed:	sburgin PRPF State
			einstatement Application an einstatement Annual Repo For the years 2019 through 2020			Report	Fee Receipt: \$130.00		
Exact organization BLUEGRA 5210 TOM/ LOUISVILI			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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.						
5210 TOM/ LOUISVILL If the above company company's informatior FEIN: Principal Officers	REITZ, SR. AHAWK RD. E, KY 40207 is included in a p here (optional): Name: List the name; a	parent company's Ke dress and title of all cu	rrent officers. All	organization	s must list at least	one (1) officer, eve	م ب in the case of a	sole officer. If n	ot
specified, officer addresses President		ipal office address. Corpo G. TREITZ, JR.	prations are requ			officer serving as re HILL ROAD,		KY 40207	
		ार्ग् <u>र</u> ाट, ज.्			OOKINODIKL			111 40207	<u> </u>
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Directors - List the na director addresses default f	ame And address of the principal office	f all directors (if applicab	le).No listing of d	lirectors is ve	rification that the	corporation has dis	pensed with direct	ors. If Not specif	fied,
JOHN G. TREITZ,						, LOUISVILLE	KY 40207		
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The above entity wa The undersigned sta requirements of KRS	ites that the gro	ounds for dissolution	on either did	not exist	or have been	eliminated, an	d the entity's I	name satisfi	2019. ies the

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

, please provide a Declaration of Power of Attorney with the Reinstatement Application. If not an officer of said entity 1 Sole Officer 2 Х YK. 24 0.000 ignature of officer Or chairman of the board (Required) Title (Required) Date (Required)



BLUEGRASS MOBILE HOME COURT, INC. 5210 TOMAHAWK RD. LOUISVILLE KY 40207

Notice Date: February 26, 2020 KY SoS Org. ID: 0253106

RE:	Letter of Good Standing Request - Approved					
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue. TON We verified the following information.					
OUR DETERMINATION						
	 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: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102					



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: 02/26/2020

BLUEGRASS MOBILE HOME COURT, 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 0253106

