Organization ID # 0413306 State of origin

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

0413306.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 12/2/2016 1:01 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 2016

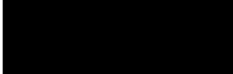
RST

Exact organization name and principal office address TM POWER ENTERPRISES, INC. 644 PHILLIPS LN. **LOUISVILLE KY 40209** 

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

THOMAS POWER, JR. 644 PHILLIPS LANE LOUISVILLE, KY 40209



|   | ,  |  |   |
|---|--|--|---|
| Principal Officer specified, officer address        | rs - List the name, address and title of all ses default to the principal office address. Co     | current officers. All organizations must list at least one (1) officer, even rporations are required to list a Secretary or other officer serving as rec           | in the case of a sole officer. If not cords custodian   |
| President   | THOMAS POWER JR  |  |   |
| Secretary   | MELODIE POWER  |  |   |
|   | name and address of all directors (if application and address) and the principal office address. | able).No listing of directors is verification that the corporation has dispe   | ensed with directors. If not specified,                 |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| The undersigned s                                   | states that the grounds for dissolu  | October 1, 2016 because the entity did not file its and tion either did not exist or have been eliminated, and neck in the amount of \$115.00, payable to Kentucky | I the entity's name satisfies the                       |
| Under penalty of p information pertain 271B.14-220. | erjury, the below signed hereby a<br>ning to TM POWER ENTERPRISE                                 | uthorizes the Kentucky Department of Revenue to re<br>ES, INC. to the Secretary of State, as required for rei  | elease any applicable tax<br>nstatement pursuant to KRS |
| If not an officer of                                | said entity, please provide a Decl   | aration of Power of Attorney with the Reinstatement  | Application.  |
| x 5   |  | Presiden +   | 11/30/16  |
| Signature of office                                 | er or chairman of the board (Required)   | Title (Required)   | Date (Required)   |



DANIEL P. BORK
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

December 2, 2016

TM POWER ENTERPRISES, INC. 2123 HIGHLAND SPRINGS PL LOUISVILLE KY 40245

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TM POWER ENTERPRISES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Lauren REV3934, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0413306





## 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: 12/02/2016   |
|--|
| TM POWER ENTERPRISES, 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 0413306

