

Organization ID # 0790811
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0790811.09 Dcornish NPRF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/30/2017 12:45 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>

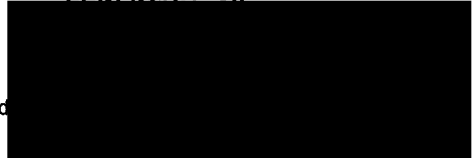
Reinstatement Application and Reinstatement Annual Report For the year 2017

RST

Exact organization name and principal office address
MIDWEST BREAKOUT RIDE INC.
P.O. BOX 34645
LOUISVILLE KY 40232

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
SHAWNNTA T. FEARS
4810 VALLA RD..
LOUISVILLE, KY 40213



If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):
FEIN: _____ Name: _____

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

Initial Director SHAWNNTA T FEARS

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

SHAWNNTA T FEARS
CHRISTOPHER ALLEN
WINK E. SWEAT
LISA R. HARPER
KACIE L. GILBERT

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 273.3181. 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 MIDWEST BREAKOUT RIDE INC. 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 Lisa R. Harper
Signature of officer or chairman of the board (Required)

DIRECTOR
Title (Required)

11/10/2017
Date (Required)



DANIEL P. BORK
Commissioner

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

November 30, 2017

**MIDWEST BREAKOUT RIDE INC.
P.O. BOX 34645
LOUISVILLE KY 40232**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **MIDWEST BREAKOUT RIDE INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 52
Frankfort, KY 40601
Phone# (502) 564-2169
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0790811