Organization ID # 0422812 State of origin KY Filing fee \$115.00 Aliso	Commonwealth of Kentuck on Lundergan Grimes, Secretar	-	0422812.09 Alison Lundergan Gri Kentucky Secretary o	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the year 2017	Received and Filed: 10/27/2017 1:36 PM Fee Receipt: \$115.00		
Exact organization name and pr DOVE, INC. 333 MILE LN CAMPBELLSVILLE KY 4	42718 ni	me/office address rm. When reinstati Idresses until the re instatement is filed,	address and registered agent s cannot be changed on this ng, you cannot modify the einstatement is filed. Once the the statement of change can be <u>sky.gov/ftsearch</u> or can be website.	
Registered Agent and Registered DARYL GARDNER 333 MILE LN CAMPBELLSVILLE, KY 4 If the above company is included in a company's information here (optional) FEIN: Name:	12718 parent company's Kentucky tax return as a disregarded	EIN (Optiona	li)	
specified, officer addresses default to the print President GLEN	address and title of all current officers. All organizations must list at least one cipal office address. Corporations are required to list a Secretary or other office DALL DARYL GARDNER	cer serving as recol	rds custodian	•
Directors - List the name and address director addresses default to the principal offic	of all directors (if applicable).No listing of directors is verification that the corp æ address.	oration has dispens	sed with directors. If not specified	·
The undersigned states that the g requirements of KRS 271B.14-210 Under penalty of periury, the below	vely dissolved on October 9, 2017 because the entity did rounds for dissolution either did not exist or have been eli D. Enclosed is a check in the amount of \$115.00, payable w signed hereby authorizes the Kentucky Department of F NC. to the Secretary of State, as required for reinstatement	minated, and t to Kentucky S Revenue to rele	he entity's name satisfies tate Treasurer. ease any applicable tax	i the

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Allender Daved Davedan	150
Chendan Marin Lawant	LEU
Signature of officer or chainfian of the board (Required)	Title

(Required)

10-24-1 Date (Required)



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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 10/27/2017

DOVE, 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,

Tara Welch Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0422812





DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

October 27, 2017

DOVE, INC. 333 MILE LN CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DOVE**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Bruce REV3968, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2038 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0422812

