## Organization ID # 0591017 **Commonwealth of Kentucky** 0591017.06 mstratton State of origin KY LRPF Filing fee \$145.00 Alison Lundergan Grimes, Secretary of S **Alison Lundergan Grimes** Kentucky Secretary of State Received and Filed: 5/14/2012 3:37 PM Alison Lundergan Grimes **Reinstatement Application and** Fee Receipt: \$145.00 Secretary of State P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2010 through 2012 (502) 564-3490 http://www.sos.ky.gov The principal office address and registered agent Exact limited liability company name and principal office address name/office address cannot be changed on this **MOBILE HOME, LLC** form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the 207 E. 9TH STREET reinstatement is filed, the statement of change can be **HOPKINSVILLE KY 42240** filed online at app,sos,ky.gov/ftsearch or can be downloaded from our website. **Registered Agent and Registered Office Address** JOHAN WESTENBURG 207 E. 9TH STREET HOPKINSVILLE, KY 42240 Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address. JOHAN PIETER WESTENBURG The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 275.295. Enclosed is a check in the amount of \$145.00, 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 MOBILE HOME, LLC 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.

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Signature of member o	r manager (Required)	' Title (Req		Date (Required) •
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THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

May 14, 2012

## **MOBILE HOME, LLC** 207 E. 9TH STREET **HOPKINSVILLE KY 42240**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate MOBILE HOME, LLC has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Justin Smith, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7318 FAX# 502-564-0058

Kentucky Secretary of State organization number 0591017

