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Organization ID #1025530Commonwealth of KentuckyReceived and Filed:
12/2/2019 2:45 PMState of originKYFiling fee \$115.00Alison Lundergan Grimes, Secretary of StaFee Receipt: \$115.00

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/2/2019 2:45 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	Reinstateme	instatement Application and einstatement Annual Report For the year 2019				
Exact organization name and prin HOME CENTER DEPART 1148 SOUTH 4TH STREE LOUISVILLE KY 40203	MENT STORE IV INC.		The principal office address name/office address cann form, When reinstating, you addresses until the reinstate reinstatement is filed, the sta filed action of series to the	ot be changed on this cannot modify the ment is filed. Once the		
Registered Agent and Registered MOHAMMAD ABDULLAH 1148 SOUTH 4TH STREE LOUISVILLE, KY 40203 f the above company is included in a p company's information here (optional): "EIN: Name:	т	n as a disregarded com ,				
Principal Officers - List the name, ad pecified officer addresses default to the princip	drass and title of all current officers. All org	ganizations must list at least on d to list a Secretary or other of	e (1) officer, even in the cas ficer serving as records cust	se of a sole officer. If not odian		
President M.sh.	ammad Abuilth	114 & South	4+1 stre	.o.t		
	mmad Abdullin.	1143 South (14p South				
	annal Abdullah .	(14) 50. Ath				
Directors - List the name And address of irector addresses default to the principal office			porauon nas dispensed win	airectors, if Not specified,		
he above entity was administrative he undersigned states that the gro equirements of KRS 271B.14-210.	unds for dissolution either did no	t exist or have been el	iminated, and the ent	ity's name satisfies		
Inder penalty of perjury, the below s iformation pertaining to HOME CEN ursuant to KRS 271B.14-220.	signed hereby authorizes the Ke ITER DEPARTMENT STORE IV	ntucky Department of F INC. to the Secretary	Revenue to release a of State, as required	ny applicable tax for reinstatement		
not an officer of said entity, please	provide a Declaration of Power	of Attomey with the Re	Instatement Applicat	ion.		
X Atabatal both	\rightarrow $\beta \sim 5^{\circ}$	1 .	• • •	11/21/17.		
Signature of officer Or chairman of the bo	ard (Required)	Tille (Required)		Date (Required)		



HOME CENTER DEPARTMENT STORE IV INC. 1148 SOUTH 4TH STREET LOUISVILLE KY 40203

Notice Date: KY SoS Org. ID:

December 2, 2019 1025530

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.				
OUR DETERMINATION					
	1. You are registered with the Department of Revenue.				
	2. An authorized person requested this letter.				
	3. You filed income and LLE tax returns as required, or you are exempt from filing.				
	4. 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	1. 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.				
	2. 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.				
	3. 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: Tonja REV3883, Taxpayer Services Specialist I Email: Tonja.Lilly@ky.gov Direct: 502-564-7289				



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: 12/02/2019

HOME CENTER DEPARTMENT STORE IV 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,

Chad Atha 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 1025530

