Organization ID # 0935731 State of origin KY Filing fee \$130:00 Alis	Commonw on Lundergan (-	-	Kentucky Secretar	Grimes ry of State
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Received and Filed: 1/10/2019 11:30 AM Fee Receipt: \$130.00 Reinstatement Annual Report For the years 2018 through 2019				
Exact organization name and p MOBERLY TILE INSTAL 7051 CURTIS AVE FLORENCE KY 41042	rincipal office address LATION INCORPORATED		name/office add form. When reir addresses until t reinstatement is	ffice address and registe fress cannot be changed stating, you cannot modify he reinstatement is filed. C filed, the statement of cha <u>p.sos.ky.gov/ftsearch</u> or n our website.	l on this / the Drice the nge can be
Registered Agent and Registered CHAD E MOBERLY 7051 CURTIS AVE Florence, KY 41042 If the above company is included in a company's information here (optional FEIN: Name: Principal Officers - List the name,	parent company's Kentucky ta	rs. All organizations mus	t list at least one (1) officer, ev	en in the case of a sole off	: nt ïcer. If not
specified, officer addresses default to the print President	Incipal office address. Corporations are	e required to list a Secre	tary or other officer serving as	records custodian	
Directors - List the name and address director addresses default to the principal off		g of directors is verificat		pensed with directors. If no	nt specified,
The above entity was administrati The undersigned states that the g requirements of KRS 271B.14-21	vely dissolved en October 1 rounds for dissolution either	did not exist or ha	he entity did not file its ave been eliminated, ar	annual report for the	∋ year 2018. satisfies the

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MOBERLY TILE INSTALLATION. Incorporated 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. Signature of officer or chairman of the board (Required) Title (Required) Date (Required)



MOBERLY TILE INSTALLATION Incorporated PO BOX 2 Florence KY 41022		Notice Date: KY SoS Org. ID:	January 10, 2019 0935731			
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	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Jessica REV3999, Revenue Program Officer Email: Jessica.Roberts@ky.gov Direct: 502-564-1056					



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: 01/10/2019

MOBERLY TILE INSTALLATION Incorporated

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,

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

Kentucky Secretary of State organization number 0935731

