Organization ID # 0732946 Commonwealth of Kentucky State of origin KY Filing fee \$175.00 Alison Lundergan Grimes, Secretary of State				Received and Filed: 6/5/2014 2:16 PM	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstateme	nt Application a ent Annual Rep s 2010 through 2014	Fee Receipt: \$175.00		
Exact organization name and p COBB MOTOR SPORTS 224 REBEL ROAD NICHOLASVILLE KY 40	name form. addre reinstu filed o	/office address c a When reinstating, sses until the reins atement is filed, the	dress and registered agent innot be changed on this you cannot modify the tatement is filed. Once the e statement of change can be <u>y.gov/ftsearch</u> or can be bsite.	-	
Registered Agent and Registers JEFF BANTA 224 REBEL ROAD NICHOLASVILLE, KY 40 Principal Officers - List the name, ad	356 dress and title of all current officers. All	organizations must list at least one (1)	officer, ev en in th	a case of a sole officer. If not	
specified, officer addresses default to the princip President St-C Vice-President Secretary Treasurer	nal office address. Corporations are requi	115 Lengy Re	erving as records	aster, kip 4044	2
Directors - List the name and address of director addresses default to the principal office		rectors is verification that the corporat	ion has dispensed	with directors. If not specified,	-
The above entity was administrative 2010. The undersigned states that t satisfies the requirements of KRS 2	he grounds for dissolution eith 71B.14-210. Enclosed is a che	er did not exist or have been ick in the amount of \$175.00	eliminated, a , payable to K	nd the entity's name (entucky State Treasurer.	
Under penalty of perjury, the below information pertaining to COBB MO 271B.14-220.	signed hereby authorizes the H TOR SPORTS INC to the Secr	Kentucky Department of Rev retary of State, as required for	enue to relea or reinstateme	se any applicable tax nt pursuant to KRS	
If not an officer of said entity, please	e provide a Declaration of Pow	er of Attorney with the Reins	tatement App	lication.	
X Star Children Signature of officer or chairman of the bo		Title (Required)		Date (Required)	-

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EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 06/05/2014

COBB MOTOR SPORTS 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,

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

Kentucky Secretary of State organization number 0732946





THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

June 5, 2014

COBB MOTOR SPORTS INC 115 LAMAY RD LANCASTER KY 40444

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **COBB MOTOR SPORTS INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0732946

