Organization ID # 0901750 State of origin KY Filing fee \$250

Commonwealth of Kentucky Michael G. Adams, Secretary of St

NPRF

0901750 Michael G. Adams KY Secretary of State Received and Filed

3/6/2025 9:08:03 AM Fee receipt: \$250.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report

For the years 2016 through 2025

RST

Exact organization name and principal office address
THE KENTUCKY OFF-ROADERS CORPORATION
697 LAFOLLETTE RD
NEW HAVEN KY 40051

The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement ifiled. Once the reinstatement is filed, the statement of change will be filed.

Registered Agent and Registered Office Address

JILL N. ASHLOCK 697 Lafollette Rd New Haven , KY 40051

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records

President	JILL ASHLOCK	123
Vice President	KYLE ASHLOCK	123
Secretary	JAKE SKAGGS	123
Treasurer	KERRY KUERZI	123
Directors - Non-profit c the principal office address.	corporations must have at least three (3) dire	ectors. All directors of the non-profit must be listed. If Not specified, director addresses
GARY LOGSDON	123	
ALICIA HELM	123	
JOEY KIMBRELL	123	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

County: Larue Business size: Small

Business type: Amusement and Recreation Services

The above entity was administratively dissolved on 10/1/2016 because the entity did not file its annual report for the year 2016. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to THE KENTUCKY OFF-ROADERS CORPORATION to the Secretary of State, as required for reinstatement pursuant to KRS 14A7-030.

Signature of Authorized Representative: Jill Ashlock Title: CEO 3/6/2025

Website: www.revenue.ky.gov

THE KENTUCKY OFF-ROADERS CORPORATION **527 TABB ROAD**

Notice Date: KY SoS Org. ID: March 6, 2025

0901750

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

CECILIA KY, 42724

We verified the following information.

- 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.

AGENT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: William REV4818, Revenue Auditor I

Email: William.Correll@ky.gov

Direct: 502-564-7387