## Organization ID # 1305154 State of origin KY **Commonwealth of Kentucky** 1305154 Filing fee \$115 Michael G. Adams Michael G. Adams, Secretary of St Ky Secretary of State Received and Filed 12/5/2024 8:56:27 AM Michael G. Adams Fee receipt: \$115.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the year 2024 (502) 564-3490 http://www.sos.ky.gov Exact organization name and principal office address The principal office address and registered agent name/office address cannot be chang MASTRONARDI MOREHEAD INC. on this form. When reinstating, you cannot 28700 PLYMOUTH ROAD modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the **LIVONIA MI 48150** statement of change will be filed. Registered Agent and Registered Office Address

Corporation Service Company

421 West Main Street Frankfort, KY 40601

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 | PAUL MASTRONARDI | 28700 PLYMOUTH RD., LIVONIA, MI 48150 |
|-----------|------------------|---------------------------------------|
| Secretary | DAVID EINSTANDIG | 28700 PLYMOUTH RD., LIVONIA, MI 48150 |
| Officer   | KEVIN SAFRANCE   | 28700 PLYMOUTH RD., LIVONIA, MI 48150 |
| Treasurer | MARNE SAFRANCE   | 28700 PLYMOUTH RD., LIVONIA, MI 48150 |
| Officer   | RICHARD BALL     | 28700 PLYMOUTH RD., LIVONIA, MI 48150 |

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 MASTRONARDI MOREHEAD INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: David Einstandig Title: Secretary 12/5/2024



## 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: 12/05/2024

MASTRONARDI MOREHEAD 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,

Samantha Tabor 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 1305154





| MASTRONARDI MOREHEAD INC. |
|---------------------------|
| 28700 Plymouth Road       |
| Livonia MI, 48150         |

Notice Date:December 4, 2024KY SoS Org. ID:1305154

| RE:                  | Letter of Good Standing Request - Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUMMARY              | You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| OUR DETERMINATION    | We verified the following information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      | <ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>                                                                                                                                                                                                                                                            |
| WHAT YOU NEED TO DO  | <ol> <li>If you are attempting to reinstate your entity, please provide a copy<br/>of this letter to the Kentucky Secretary of State within 30 days of the<br/>notice date above.</li> <li>If you are a for-profit corporation, you will also need to provide the<br/>Secretary of State a letter of good standing from the Division of<br/>Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your<br/>tax returns with the Kentucky Attorney General. The charity filing<br/>requirements website is: http://ag.ky.gov/family/consumerprotection/<br/>charity/Pages/registration.aspx.</li> </ol> |
| AGENT<br>INFORMATION | If you have any questions regarding this notice, please contact me. Thank<br>you.<br>Agent: Dottye REV3769, Taxpayer Specialist III<br>Email: Dottye.Roberts@ky.gov<br>Direct: 502-564-0102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |