Organization ID # 0410556 State of origin

**Commonwealth of Kentucky** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

0410556.09

amcray PRPF

Alison Lundergan Grimes

Received and Filed: 10/10/2014 12:55 PM Fee Receipt: \$115.00

RST

Alison Lundergan Grimes 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 year 2014

**Exact organization name and principal office address EDGEWOOD MOBILE HOMES, INC.** 

**PO BOX 627 WILLIAMSBURG KY 40769** 

Registered Agent and Registered Office Address

SANDY PERKINS 275 HAPPY HOLLOW RD. WILLIAMSBURG KY 40760



The principal office address and registered agent

name/office address cannot be changed on this

filed online at app.sos.ky.gov/ftsearch or can be

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be

downloaded from our website.

Principal Office		ters. All organizations must list at least one (1) officer, even in the case of a sole officer. If not are required to list a Secretary or other officer serving as records custodian
President	JOE FOLEY	no required to list a decreary or dura united serving as records customan
Secretary	KAREN PAUL	
Treasurer	SANDY PERKINS	
Treasurer	CHASITY GAMBRELL	
	name and address of all directors (if applicable). No listi ult to the principal office address.	ing of directors is verification that the corporation has dispensed with directors. If not specified,
<del></del>		
2014. The undersi	gned states that the grounds for dissolutio	per 30, 2014 because the entity did not file its annual report for the year in either did not exist or have been eliminated, and the entity's name a check in the amount of \$115.00, payable to Kentucky State Treasurer.
Under penalty of p	perjury, the below signed hereby authorizes	s the Kentucky Department of Revenue to release any applicable tax C. to the Secretary of State, as required for reinstatement pursuant to KRS
If not an officer of	said entity please provide a Declaration o	f Power of Attorney with the Reinstatement Application.



## 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 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 10/10/2014

EDGEWOOD MOBILE HOMES, 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0410556





THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 10, 2014

EDGEWOOD MOBILE HOMES, INC. PO BOX 627 WILLIAMSBURG KY 40769

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EDGEWOOD MOBILE HOMES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0410556

