

Organization ID # 0658060  
State of origin KY  
Filing fee \$115.00

**Commonwealth of Kentucky**  
**Trey Grayson, Secretary of State**

0658060.09

amcray  
PRPF

Elaine N. Walker, Secretary of State  
Received and Filed:  
2/9/2011 3:57 PM  
Fee Receipt: \$115.00

Trey Grayson  
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 2010

**RST**

**Exact organization name and principal office address**

**MALLORY HOME MAKEOVERS, INC.**  
**2671 STEVENS ROAD**  
**PETERSBURG KY 41080**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

**PAUL R. BOGGS III**  
**1881 DIXIE HIGHWAY**  
**SUITE 350**  
**FORT WRIGHT, KY 41011**

**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 sole officer.

**President** CHARLYNN MALLORY  
**Treasurer** TIM MALLORY

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors.

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MALLORY HOME MAKEOVERS, INC. 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.

*Charlynn Mallory*  
Signature of officer or chairman of the board (Required)

Charlynn Mallory, President  
Title (Required)

11-18-10  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**DON RICHARDSON**  
Executive Director

February 9, 2011

**MALLORY HOME MAKEOVERS, INC.  
2671 STEVENS ROAD  
PETERSBURG KY 41080**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MALLORY HOME MAKEOVERS, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Christina Owens, Revenue Auditor  
Pass Through Entity Tax Branch  
501 High Street, 6th Floor, Sta. 69  
Frankfort, KY 40620  
502-564-7339  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0658060



**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](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 02/08/2011

MALLORY HOME MAKEOVERS, INC.

Dear Sir/Madam:

**KRS 271B.14-220(1)(e) CERTIFICATE**

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0658060