Organization ID # 0834467 **Commonwealth of Kentucky** State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0834467.09

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

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 years 2014 through 2015

2/20/2015 4:19 PM Fee Receipt: \$130.00

Exact organization name and principal office address

THE MOWER SHOP, INC. 1520 HALL STREET **OWENSBORO KY 42303**

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 or can be downloaded from our website.

Registered Agent and Registered Office Address

MICHAEL J DRESEL 10083 BOONE STREET OWENSBORO, KY 42301

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		o listing of directors is verificat	tion that the corporation has dispensed with directors. If not specified,
	address of all directors (if applicable).No	o listing of directors is verificat	tion that the corporation has dispensed with directors. If not specified,
	address of all directors (if applicable).No	o listing of directors is verificat	tion that the corporation has dispensed with directors. If not specified,
	cipal office address.	o listing of directors is verificat	tion that the corporation has dispensed with directors. If not specified,
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2014. The undersigned stat	tes that the grounds for dissol	lution either did not exi	ise the entity did not file its annual report for the year ist or have been eliminated, and the entity's name ount of \$130.00, payable to Kentucky State Treasure
Under penalty of perjury, th information pertaining to The 271B.14-220.	e below signed hereby author HE MOWER SHOP, Inc. to the	rizes the Kentucky Dep e Secretary of State, as	partment of Revenue to release any applicable tax s required for reinstatement pursuant to KRS
If not an officer of said entit	ty, please provide a Declaratio	on of Power of Attorney	y with the Reinstatement Application.
X brailer M.	Dosel	Zerelone /1/10	President 2/9/2015



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

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 0834467





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

February 20, 2015

THE MOWER SHOP, Inc. 1520 HALL STREET OWENSBORO KY 42303

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **THE MOWER SHOP**, **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,

Michael REVY105, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7316 FAX# 502-564-0058

Kentucky Secretary of State organization number 0834467





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