Organization ID # 0543568 State of origin

KY

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

0543568.09

balimonos **PRPF**

Alison Lundergan Grimes

Received and Filed: 10/29/2015 2:40 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 2015

Exact organization name and principal office address PINE VIEW NURSERY, INC. 303 TILDEN ST.

LEITCHFIELD KY 42754

Registered Agent and Registered Office Address

KEVIN T. COLLARD 303 TILDEN ST LEITCHFIELD, KY 42754

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.

The principal office address and registered agent

		ent officers. All organizations must list at least one (1) officer, o ations are required to list a Secretary or other officer serving a	
President	KEVIN T. COLLARD	303 Filder St. L	eitchfield Ku
			425541
			<u> </u>
	name and address of all directors (if applicable) t to the principal office address.	.No listing of directors is verification that the corporation has o	dispensed with directors. If not specified,
			
2015. The undersig	ned states that the grounds for diss	otember 12, 2015 because the entity did not fil solution either did not exist or have been elimin sed is a check in the amount of \$115.00, paya	nated, and the entity's name
Under penalty of period information pertain 271B.14-220.	erjury, the below signed hereby authing to PINE VIEW NURSERY, INC.	norizes the Kentucky Department of Revenue to the Secretary of State, as required for reins	o release any applicable tax tatement pursuant to KRS
If not an officer of s	said entity, please provide a Declara	tion of Power of Attorney with the Reinstateme	ent Application.
X//	1 Ille	Pret	10-27-15
Signature of office	r or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 29, 2015

PINE VIEW NURSERY, INC. 303 TILDEN ST. LEITCHFIELD KY 42754

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PINE VIEW NURSERY, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0543568





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/29/2015
PINE VIEW NURSERY, 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,

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

Kentucky Secretary of State organization number 0543568

