		alth of Kentucky imes, Secretary of St	0834673.09 mstratton PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/1/2017 2:32 PM Fee Receipt: \$175.00
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatem	ent Application and nent Annual Report ars 2013 through 2017	RST
Exact organization name and prin MOTA ENTERPRISES INC 1338 BRISBANE CT INDEPENDENCE KY 4105	<b>.</b>	name/office addre form. When reinst addresses unt i the reinstatement is fil	ce address and registered agent ess cannot be changed on this ating, you cannot modify the e reinstatement is filed. Once the ed, the statement of change can be <u>sos.ky.gov/ftsearch</u> or can be our website.
Registered Agent and Registered CHRISTIAN A MOTA 1338 BRISBANE CT INDEPENDENCE, KY 4103 If the above company is included in a pa company's information here (optional): FEIN: Name:	51 arent company's Kentucky tax re		
specified, officer addresses default to the princip President Vice-President Secretary Treasurer	al directors (if applicable).No listing of	All organizations must list at least one (1) officer, even quired to list a Secretary or other officer serving as re- 1338 Brissane CT, 2 directors is verification that the corporation has d spe	Cords custodian

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$175.00, 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 MOTA ENTERPRISES Inc. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

entity, please provide a Declaration of Power of Attorney with the Reinstatement Application If not an officer of vosic <u>X</u> .

ignature of officer or chairman of the board (Required)

Required

Date (Required)



DANIEL P. BORK Commissioner

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

September 1, 2017

## MOTA ENTERPRISES Inc. 1338 BRISBANE CT INDEPENDENCE KY 41051

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MOTA ENTERPRISES Inc.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7336 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0834673





## 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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 09/01/2017

MOTA ENTERPRISES 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,

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

Kentucky Secretary of State organization number 0834673

