Organization ID # 0290275 State of origin

Commonwealth of Kentucky Filing fee \$430.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

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Alison Lundergan Grimes

Received and Filed: 11/17/2015 1:34 PM Fee Receipt: \$430.00

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 years 1994 through 2015

Exact organization name and principal office address MARK BROWN AUTO BODY, INC. RT. 1, BOX 264 **BRADFORDSVILLE KY 40009**

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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.

Registered Agent and Registered Office Address

MARK D. BROWN RT. 1, BOX 264 BRADFORDSVILLE, KY 40009



Principal Officers - List the specified officer addresses default to	name, address and title of all the principal office address. Co	current officers. All organizations must list at least or prorations are required to list a Secretary or other o	ne (1) officer, even in the case of a sole officer. If not fficer serving as records custodian
President Vice-President	ARK TESO	h	
<u>Secretary</u> Treasurer			
		cable).No listing of directors is verification that the co	rporation has dispensed with directors. If not specified,
1994. The undersigned state	es that the grounds for o	dissolution either did not exist or have	did not file its annual report for the year been eliminated, and the entity's name 0.00, payable to Kentucky State Treasurer.
Under penalty of perjury, the information pertaining to MA 271B.14-220.	e below signed hereby a ARK BROWN AUTO BO	authorizes the Kentucky Department of DDY, INC. to the Secretary of State, as	Revenue to release any applicable tax required for reinstatement pursuant to KRS
If not an officer of said entity	y, please provide a Decl	laration of Power of Attorney with the F	Reinstatement Application.
X ////	an of the board (Required)	President Title (Required)	/// 0/15 Date (Required)



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: 11/16/2015
MARK BROWN AUTO BODY, 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,

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

Kentucky Secretary of State organization number 0290275





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

November 16, 2015

MARK BROWN AUTO BODY, INC. 315 DILLEHAY ST DANVILLE, KY. 40422

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MARK BROWN AUTO BODY, 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 0290275

