ganization ID # 0855364 Commonwealth of Kentucky ate of origin KY Iing fee \$160.00 Michael G. Adams, Secretary of State		0766978.06 balimonos AFR		
Michael G. Adams 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 2017 through 2020		Michael G. Adams Kentucky Secretary of State Received and Filed: 4/20/2020 8:21 AM Fee Receipt: \$0.00	
Exact organization name and principal office address EDDIE SHARPE'S MULCH, INC. 736 HODGENVILLE ROAD GREENSBURG KY 42743		name/office ad form. When rei addresses until reinstatement is filed online at <u>a</u>	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.	
company's information here (optional): FEIN: Name:	arent company's Kentucky tax return as a d		ary, please provide the parent	
specified, officer addresses default to the princip	pal office address. Corporations are required to list a SHARPE			
Directors - List the name And address of director addresses default to the principal office EDDIE SHARPE	f all directors (if applicable).No listing of directors Is v address.	erification that the corporation has di	ispensed with directors. If Not specified,	
The undersigned states that the gro requirements of KRS 271B.14-210.	ely dissolved on October 9, 2017 becaus bunds for dissolution either did not exist Enclosed is a check in the amount of \$	or have been eliminated, a 160.00, payable to Kentuck	nd the entity's name satisfies the vy State Treasurer.	

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Eddie Sharpe's Mulch, 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.

X hoys

Signature of officer Or^Uchairman of the board (Required)

Title (Required)

4/17/20

Date (Required)