Organization ID # 06170 State of origin KY Filing fee \$280.00	⁷⁹ Commonwealth of Michael G. Adams, Sec		
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490 http://www.sos.ky.gov	18 Reinstatement Au For the years 2009	Reinstatement Application and Reinstatement Annual Report For the years 2009 through 2020	
Exact organization name an 4 CORNERS LAWN 241 ROLLING SPRI RUSSELL SPRINGS	SERVICE, INC. NGS ROAD	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 Regis JAMES O GRIDER 241 ROLLING SPRI RUSSELL SPRINGS If the above company is included company's information here (opt FEIN: Name:	NGS ROAD 5, KY 42642 d in a parent company's Kentucky tax return as a dis ional):	FEIN (Optional)	
specified, officer addresses default to the	ame, address and title of all current officers. All organizations re principal office address. Corporations are required to list a So MES O GRIDER	must list at least one (1) officer, even in the case of a sole officer. If not ecretary or other officer serving as records custodian	
	REGORY S LAWSON		
Treasurer JA	MES O GRIDER		

JAMES O GRIDER

CREGORY S LAWSON

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$280.00, 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 4 CORNERS LAWN SERVICE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-20.

If not an afficer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X ames nature of officer Or chairman of the board (Required)

-5 itle (Required)

20



4 CORNERS LAWN SERVICE, INC. 241 ROLLING SPRINGS ROAD RUSSELL SPRINGS KY 42642

Notice Date: August 3, 2020 KY SoS Org. ID: 0617079

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 	
	This notice will remain current for 30 days from the notice date above.	
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. 	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 08/03/2020

4 CORNERS LAWN SERVICE, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0617079

