Organization ID # 0344092 State of origin KY  Commonwealth of Kentucky Lundergan Grimes, Secretary of State Received and Filed: 10/21/2014 11:04 AM Fee Receipt: \$115.00  Alison Lundergan Grimes Received and Filed: 10/21/2014 11:04 AM Fee Receipt: \$115.00    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 Application and For the year 2014  Alison Lundergan Grimes Rescretary of State Received and Filed: 10/21/2014 11:04 AM Fee Receipt: \$115.00			Reinstatement Application and Reinstatement Annual Report For the year 2014		0344092.0	)9 dcornish PRPF
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40802-0718 (502) 564-3490  Reinstatement Application and Reinstatement Annual Report For the year 2014  RST    Exact organization name and principal office address UNICORN GROVE ENTERPRISES, INC. 9700 THIXTON LN. PO BOX 91045 LOUISVILLE KY 40291  The principal office address and registered agent namedifies address and registered on this dominated agent and Registered Office Address Principal Officer submitted for a submitted by and the or glicularity officer. Address Principal Officer submitted for the principal office Address Principal Officer submitted for a submitted by and the or glicularity officer. Address Principal Officer submitted for a submitted by and the or glicularity officer. Address Principal Officer submitted for a submitted by and the or glicularity officer. Address Principal Officer submitted for address and the or glicularity officer. Address President    Principal Officer submitted for the principal office address ROBERT A ABBOTT 9700 THIXTON LN. LOUISVILLE, KY 40291  Principal Officer submitted for address and the or glicularity officer. Address ROBERT A ABBOTT 9700 THIXTON LN. LOUISVILLE, KY 40291    Principal Officer submitted for address and the or glicularity officer. Address ROBERT A ABBOTT 9700 THIXTON LN. LOUISVILLE, KY 40291  Principal Officer submitted for address and the organization of the submitted by the submitted difficer address and the organization of the submitted difficer address and the o	State of origin K	Y Comme			Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/21/2014 11:04 AM	
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ROBERT A. ABBOTT 9700 THIXTON LN. LOUISVILLE, KY 40291    Principal Officers - List the name, address and this of a current officer. All organizations must list a least one (1) officer seven in the case of a sole officer. If not specified, officers - List the name, address and this of a current officer. All organizations must list a least one (1) officer seven in the case of a sole officer. If not specified, officers - List the name, address and this of a current officer address or regured to list a Secretary or other officer serving as incords custodian    President  ROBERT A. ABBOTT    Vice President  SHARON M. ABBOTT    Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.    The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$115.00, payable to Kentucky State Treasurer.    Under penalty of periury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to UNICORN GROVE ENTERPRISEs INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.    If not an offer of read entity release provide a Secretary of Attorney with the Reinstatement Application.	UNICORN GF 9700 THIXTO PO BOX 9104	ROVE ENTERPRISES, INC. N LN. 15	idress	name/office address form. When reinstati addresses until the re reinstatement is filed, filed online al <u>app.so</u>	cannot be changed of its, you cannot modify t instatement is filed. On the statement of chang s.kv.gov/ftsearch or cl	on this the toe the ge can be
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1/2 VINIA IN VINIA			aph of Power of Attorney w	vith the Reinstatement A	pplication.	
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)	× Mobel	N. W. WWW	PRESI	DENT		~ <u>2014-</u>



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

October 20, 2014

## **UNICORN GROVE ENTERPRISES, INC.** 9700 THIXTON LN. **PO BOX 91045 LOUISVILLE KY 40291**

Re: Request for a Letter of Good Standing

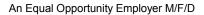
The Department of Revenue records indicate UNICORN GROVE ENTERPRISES, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated 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,

Holly REVX186, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0344092







## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 10/20/2014

UNICORN GROVE 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,

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

Kentucky Secretary of State organization number 0344092

