Organization ID # 0587096 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0587096.06

mstratton **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/3/2014 1:25 PM Fee Receipt: \$130.00

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 Annual Report For the years 2013 through 2014

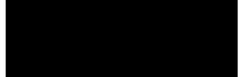
RST

Exact limited liability company name and principal office address MOBILE HOME COMMUNITIES, LLC 115 S. FOURTH STREET **LOUISVILLE KY 40203**

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 app.sos.kv.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

TODD M. CLARK 1115 S. 4TH STREET **LOUISVILLE, KY 40203**



MARY C. CLARK		
JOHN CLARK		
The above entity was administratively dissolved on	. 0 -41	
2013. The undersigned states that the grounds for	dissolution either did not exist or have been	n eliminated, and the entity's name
2013. The undersigned states that the grounds for satisfies the requirements of KRS 275.295. Enclos Under penalty of perjury, the below signed hereby information pertaining to MOBILE HOME COMMUI	dissolution either did not exist or have been sed is a check in the amount of \$130.00, pay authorizes the Kentucky Department of Rev	n eliminated, and the entity's name yable to Kentucky State Treasurer.
2013. The undersigned states that the grounds for satisfies the requirements of KRS 275.295. Enclos Under penalty of perjury, the below signed hereby information pertaining to MOBILE HOME COMMUIKRS 2718.14-220.	dissolution either did not exist or have been sed is a check in the amount of \$130.00, pay authorizes the Kentucky Department of Rev NITIES, LLC to the Secretary of State, as re	n eliminated, and the entity's name yable to Kentucky State Treasurer. Venue to release any applicable tax equired for reinstatement pursuant to
2013. The undersigned states that the grounds for satisfies the requirements of KRS 275.295. Enclos Under penalty of perjury, the below signed hereby information pertaining to MOBILE HOME COMMUIKRS 2718-14-220. If not an officer of said entity, please provide a Dec	dissolution either did not exist or have been sed is a check in the amount of \$130.00, pay authorizes the Kentucky Department of Rev NITIES, LLC to the Secretary of State, as re	n eliminated, and the entity's name yable to Kentucky State Treasurer. Venue to release any applicable tax equired for reinstatement pursuant to



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 3, 2014

MOBILE HOME COMMUNITIES, LLC 115 S. FOURTH STREET LOUISVILLE KY 40203

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MOBILE HOME COMMUNITIES, LLC** 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Lamarr REV1367, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7315 FAX# 502-564-0058

Kentucky Secretary of State organization number 0587096

