Organization ID # 0896596 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of \$t

0896596.09

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

12/20/2016 3:18 PM Fee Receipt: \$130.00

Reinstatement Application and Reinstatement Annual Report For the years 2015 through 2016

RST

Exact organization name and principal office address
EAST KENTUCKY LAWN CARE INC
179 KY RT 194
PRESTONSBURG KY 41653

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

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.

		A STATE OF THE STA			
Registered Agent and Regist	ered Office Address	ar Print III			
Jonathan Salisbury					
179 Ky Rt 194					
Prestonsburg, KY 416	53 🎻 🔍 🔌				
If the above company is included in a		ky tax return as a c	lisregarded entity or a	subsidiary, please	provide the parent
company's information here (optiona FEIN: Name:				<i>5</i>	
Principal Officers - List the name,	address and title of all current of	officers. All organization	ns must list at least one (1) officer, liven in the cas	e of a sole officer. If not
specified, officer addresses default to the pri	"	70.6	Secretary or other officer	serving as records custo	dian
	paathan Jalishu				
	eshanve Salisbu				
Secretary	rathan Salisbur	1			
Treasurer	onathan Salisi	114 m	_		
Directors - List the name and address	of all directors (if applicable).No	listing of directors is v	erification that the corpora	tion has dispensed with	directors. If not specified,
director addresses default to the principal off		•			
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				(A) - 1/6	
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		740 WE			
The above entity was administrat	ively dissolved on Septe	mber 12 2015 be	ecause the entity did	d pot file its annua	I report for the year
2015. The undersigned states the	at the grounds for dissolt	tion either did no	ot exist or have been	elimir ated, and t	he entity's name
satisfies the requirements of KRS	3 271B.14-210. Enclosed	is a check in the	amount of \$130.00	D, payable to Kentu	icky State Treasurer.
Under penalty of perjury, the belo	ow signed hereby authori	zes the Kentucky	Department of Rev	venue to release a	ny applicable tax
information pertaining to East Ke					
271B.14-220.					
If not an officer of said entity, plea	ase provide a Declaration	n of Power of Atto	orney with the Reins	statement Applicat	ion.
V/KHC	•		at //	1 1	12/11/2011
1 Martin			# 1 145iU.	<u> </u>	H114/40/Cx
Signature of officer or chairman of the	e board (Required)		Title (Required)		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: 12/20/2016	
East Kentucky Lawn Care 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 0896596





DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

December 20, 2016

East Kentucky Lawn Care Inc PO BOX 753 ALLEN KY 41601

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **East Kentucky Lawn Care Inc** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Patricia REV3945, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7387 FAX# 502-564-3392

Kentucky Secretary of State organization number 0896596

