

Organization ID # 1013170
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



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 2019 through 2020

RST

Exact limited liability company name and principal office address
ANDREW C SHAY & ASSOCIATES LIMITED LIABILITY COMPANY
5011 WOLFPEN WOODS DR
PROSPECT KY 40059

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.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address
Andrew Shay
5011 Wolfpen Woods Dr
Prospect, KY 40059

FEIN (Optional)


If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):
FEIN: _____ Name: _____

Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 275.295. Enclosed is a check in the amount of \$130.00, 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 Andrew C Shay & Associates Limited Liability Company 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 
Signature of member Or manager (Required)

OWNER
Title (Required)

4.16.20
Date (Required)