Organization ID # 0483000 State of origin KY Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:

3/1/2021 10:55 AM Fee Receipt: \$130.00

RST

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 2020 through 2021

Exact limite	a nability com	pany name	and princi	pai office	adoress
HO	MECTEAD NO	DILE HOME	DADK 11	^	

HOMESTEAD MOBILE HOME PARK, LLC 406 NORTH ST.

406 NORTH ST. SUITE 52

RADCLIFF KY 40160

Registered Agent and Registered Office Address

GAILEN W. BRIDGES 732 SCOTT STREET COVINGTON. KY 41011

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: Name:

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 goviftsearch or can be
downloaded from our website.

Managers - List the name A	and address of the limited lia	bility company's	managers. If not sp	ecified, addresses defa	ult to the LLC's principa	office address.	
MARY LOU CASE	per .						
	A CONTRACTOR OF THE CONTRACTOR	-	::		1 A		
		-					

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 HOMESTEAD MOBILE HOME PARK, LLC 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.

Signature of member Or manager (Required)

5 ole member

2-26-21

Title (Regured

Date (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

HOMESTEAD MOBILE HOME PARK, LLC 600 Farrell Dr Apt 225 Carrington KY 41011-5180 Notice Date: February 26, 2021

KY SoS Org. ID: 0483000

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

 You filed income and LLE tax returns as required, or you are exempt from filing.

4. 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 1.

- 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.
- 2. **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.
- 3. **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