| ganization ID # 1308003 te of origin KY ng fee \$130.00 Mic | Commonwealth of Kentucky hael G. Adams, Secretary of St | Received and | y of State I Filed |
|--|---|--|--|
| Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Application Reinstatement Annual Re For the years 2024 through 20 | port RST | |
| Exact limited liability compar GENERATIONS CORPO 312 S 4TH ST STE 700 LOUISVILLE KY 40202 Registered Agent and Registe | DRATIONS LLC ac fill st | gent name/office an this form. When odify the addresse | e address and register address cannot be cha reinstating, you cannot suntil the reinstatement tatement is filed, the will be filed. |
| Avery S Haynes 7817 Bridlewood Pl Louisville, KY 40228 | ess of the limited liability company's managers. If not specified, address | ses default to the | I C's principal office ac |
| | the infinited liability company o managero. If her operation, address | | |
| AVERY HAYNES | 312 S 4TH ST | | |

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Generations Corporations LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Avery Haynes Title: Owner 1/24/2025



| Generations Corpora 7817 Bridlewood Pl Louisville KY, 40228 | | Notice Date: KY SoS Org. ID: | January 24, 2025 1308003 | | |
|---|--|--|--|--|--|
| 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. | | | | |
| | You are registered with the Departm An authorized person requested thi You filed income and LLE tax return filing. You have no outstanding tax asses Collections or have a valid pay agree This notice will remain current for 30 day | s letter. ns as required, or yo sments with the Divi ement in place. | sion of | | |
| WHAT YOU NEED TO DO | If you are attempting to reinstate of this letter to the Kentucky Secre notice date above. If you are a for-profit corporation Secretary of State a letter of good s Unemployment Insurance. Their tel- If you are a non-profit entity, ple- tax returns with the Kentucky Attor requirements website is: http://ag.k charity/Pages/registration.aspx. | tary of State within 3 n, you will also need standing from the Div ephone number is 50 ase remember to file ney General. The ch | to provide the ision of 02-564-6835. a copy of your arity filing | | |
| AGENT INFORMATION | | | | | |