Organization ID# 0649205 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of S

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 2016 through 2019

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/11/2019 2:43 PM Fee Receipt: \$160.00

Exact limited liability company name and principal office address

DARKHORSE ENTERPRISES, LLC **499 HOVIOUS RIDGE ROAD**

Signature of member Or manager (Required)

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

ELKHORN KY 42733		reinstatement is filed, the statemen filed online at <u>app.sos.ky.gov/ftss</u> downloaded from our website.	
Registered Agent and Registered Office Address	3 .//	FEIN (Optional)	
STEVEN N. FLINCHUM 499 HOVIOUS RIDGE ROAD ELKHORN , KY 42733			
If the above company is included in a parent company's company's information here (optional): FEIN: Name:	Kentucky tax return as a disreg	arde	ent .
	1 1 16 4	defects a star III Objects and office additional	Mambar managad
Members - List the name And address of the limited liability or LLCs are not required to list their members.	mpany's members. If not specified, a	ddresses default to the LLC's principal office addi	ess Member-managed
STEVEN N FLINCHUM			
The above entity was administratively dissolved on The undersigned states that the grounds for dissolutequirements of KRS 275.295. Enclosed is a check	ition either did not exist or h	ave been eliminated, and the entity's	name satisfies the
Under penalty of perjury, the below signed hereby a information pertaining to DARKHORSE ENTERPRI 271B.14-220.	authorizes the Kentucky Del SES, LLC to the Secretary	partment of Revenue to release any a of State, as required for reinstatement	applicable tax nt pursuant to KRS
If not an officer of said entity, please provide a Dec	laration of Power of Attorne	with the Reinstatement Application.	
X Steven II. Fly	In Manager	11. 10. 3.	-8-19
Signature of member Or manager (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

March 11, 2019

0649205

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

DARKHORSE ENTERPRISES, LLC 499 HOVIOUS RIDGE ROAD **ELKHORN KY 42733**

Letter of Good Standing Request - Approved

SUMMARY

RE:

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.
- 3. 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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038