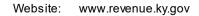
rganization ID # 1209405 tate of origin KY iling fee \$115 Mi	Commonwealth of Ker chael G. Adams, Secreta	•	1209405 Michael G. A KY Secretar Received and	y of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	el G. Adams tary of State D. Box 718 KY 40602-0718 E) 564-3490 HI1/14/2024 1:44:09 PM Fee receipt: \$115.00 Reinstatement Application and Reinstatement Annual Report For the year 2024 RST		24 1:44:09 PM ot: \$115.00	
Exact limited liability comp ZAKI, LLC 891 GEORGETOWN LEXINGTON KY 405 Registered Agent and Regi AMRO ALEHMOUZ 891 GEORGETOWN LEXINGTON, KY 405	8 stered Office Address STREET	agei on t mod filed	nt name/office a his form. When if y the addresse	e address and registered address cannot be chanı reinstating, you cannot es until the reinstatement i tatement is filed, the e will be filed.
Managers - List the name And a AMRO ALEHMOUZ	dress of the limited liability company's managers. If not 825 GLASFORD SQ A			
ODAI ALEHMOUZ	825 GLASFORD SQ A			
AMRO ALEHMOUZ	825 GLASFORD SQ A			
County: Business size: Business type:	Fayette Small Eating and Drinking Places		G	

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 ZAKI, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

## Signature of Authorized Representative: AMRO ALEHMOUZ Title: MEMBER 11/14/2024





ZAKI, LLC
891 Georgetown St
Lexington KY, 40508

Notice Date:	November 14, 2024
KY SoS Org. ID:	1209405

RE:	Letter of Good Standing Request - Approved
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>
WHAT YOU NEED TO DO	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: James REVE277, Taxpayer Services Specialist III Email: James.Sutherland@ky.gov Direct: 502-564-7359