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Michael G. Adams
Kentucky Secretary of State

Organization ID # 0697206 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Received and Filed: 1/4/2021 1:45 PM Fee Receipt: \$115.00

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 year 2020

RST

Exact organization name MLS 2 INC. 375 OFFICE PAR COLUMBIA KY 2		ress	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 field. Once the reinstatement is field, the statement of change can be filed online at app_sos_ky_pov/fisearch or can be downloaded from our website.	
MICHAEL L. STE 375 OFFICE PAR COLUMBIA, KY	RK DR. 12728 ided in a parent company's Ki (optional):	entucky tax return as a disregarded er	FE Control of Control	
Principal Officers - List I	he name, address and title of all co	irrent officers. All organizations must list at lea orations are required to list a Secretary or oth	ast one (1) officer, even in the case of a sole officer. If not	
President	MICHAEL LEE STEPHE		SE DIRECT SETTING CO FEED OF COSCORET	-
Secretary	MICHAEL LEE STEPHENS, JR.			_
Treasurer	MICHAEL LEE STEPHENS, JR.			
Vice President	MICHAEL LEE STEPHENS, JR.			_
Directors - List the name An director addresses default to the pi	d address of all directors (if applicatingpa) office address	ole).No listing of directors is verification that the	he corporation has dispensed with directors. If Not specified.	-
The undersigned states the requirements of KRS 2711 Under penalty of perjury, I information pertaining to M If not an officer of said entitle of the state of the	at the grounds for dissoluti 3,14-210. Enclosed is a che he below signed hereby au /LS 2 INC. to the Secretary	on either did not exist or have been eck in the amount of \$115.00, paya thorizes the Kentucky Department of State, as required for reinstater ration of Power of Attorney with the	or did not file its annual report for the year 2020, en eliminated, and the entity's name satisfies the lable to Kentucky State Treasurer. It of Revenue to release any applicable tax ement pursuant to KRS 2718.14-220, e Reinstatement Application.	
Signature of offices of chair	man of the board (Required)	President Title (Required)	Date (Required)	<i>?</i> -



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

MLS 2 INC. 100 PINELAKE DR COLUMBIA, KY. 42728 Notice Date: January 4, 2021 KY SoS Org. ID: 0697206

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.

An authorized person requested this letter.

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

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
 - 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 II

Direct: 502-564-2038



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 01/04/2021	
MLS 2 INC.	
Dear Sir/Madam:	
	KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0697206

