| | | 0306507.09 | vmille PRPF |
|--|--|---|----------------|
| Organization ID # 0 State of origin # Filing fee \$205.00 | Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of Sta | Alison Lundergan Grimes Kentucky Secretary of Stat Received and Filed: 6/20/2019 10:58 AM Fee Receipt: \$205.00 | |
| Alison Lundergan Secretary of S P. O. Box 71 Frankfort, KY 4060 (502) 564-34 http://www.sos.k | tateReinstatement Application and8Reinstatement Annual Report90For the years 2013 through 2019 | RST | |
| LANN MANAG | EMENT, INC. LAVE. 6303 LIME RUAD iname/office address form. When reinstatin addresses until the rei reinstatement is filed. | ddress and registered agent | |
| NICK PAINE C/O PARAMO 2221 BUECHE LOUISVILLE, If the above company is in company's information he FEIN:N Principal Officers - L | Registered Office Address UNT PRINTING HAVE:, BLDG#T & 303 L/MG ROA KY 40218 HOALL icluded in a parent company's Kentucky tax return as a disregarded re (optional): lame: st the name, address and title of all current officers. All organizations must list at least one (1) officer, even in aut to the principal office address. Corporations are required to list a Secretary or other officer serving as record | the case of a sole officer. If not is custodian | |
| President | LINDA PAINE | | |
| Vice President Directors - List the name director addresses default to th | and address of all directors (if applicable).No listing of directors is verification that the corporation has dispense a principal office address. | ed with directors. If not specified, | |
| 2013. The undersigned | dministratively dissolved on September 28, 2013 because the entity did not file its a states that the grounds for dissolution either did not exist or have been eliminated, hts of KRS 271B.14-210. Enclosed is a check in the amount of \$205.00, payable to | and the entity's name | |
| Under penalty of periur | y, the below signed hereby authorizes the Kentucky Department of Revenue to rele o LANN MANAGEMENT, INC. to the Secretary of State, as required for reinstateme | ase any applicable tax | |
| | entity, please provide a Declaration of Power of Attorney with the Reinstatement Ap | plication. | |

X / Janda Paine Signature of Officer or chairman of the board (Required)

PRESIDENT Title (Required)

06.10.2019 Date (Required)



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 06/20/2019

LANN MANAGEMENT, 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,

Tara Welch Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0306507





LANN MANAGEMENT, INC. 6303 Lime Road LOUISVILLE KY 40222

| Notice Date: | June 20, 2019 |
|-----------------|---------------|
| KY SoS Org. ID: | 0306507 |

| <i>RE</i> : | 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 | N We verified the following information. | | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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 Email: Bruce.Owens@ky.gov Direct: 502-564-2038 | | | |