anization ID # 1136715 e of origin KY g fee \$115 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	t KY Secreta	Michael G Adams	
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 year 2024	Fee recei	24 3:14:26 PM pt: \$115.00	
COMMUNITY TREATMENT AND RE-ENTRY SOLUTIONS, LLC 4 GILLIAM ST CORBIN KY 40701			e principal office address and register ent name/office address cannot be cha this form. When reinstating, you cannot ddify the addresses until the reinstatement dd. Once the reinstatement is filed, the atement of change will be filed.	
Registered Agent and Register RAENAE MOORE 214 S. MAIN STREET CORBIN , KY 40701	red Office Address			
Members - List the name And addre /lember-managed LLCs are not required to li RAENAE MOORE	ss of the limited liability company's members. If not specified, address st their members. 4 GILLIAM STREET CORBIN KY 4	2.	LC's principal office add	
County: Business size:	Whitley Small	3		

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 COMMUNITY TREATMENT AND RE-ENTRY SOLUTIONS, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Raenae Moore Title: Founder 12/6/2024

Social Services

Business type:



COMMUNITY TREA SOLUTIONS, LLC 4 Gilliam St Corbin KY, 40701	ATN	AENT AND RE-ENTRY	Notice Date: KY SoS Org. ID:	December 6, 2024 1136715		
RE:	Le	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	1. 2. 3.	<ul> <li>'e 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</li> </ul>				
		Collections or have a valid pay agreement in place.				
WHAT YOU NEED TO DO		<ul> <li>of this letter to the Kentucky Secretary of State within 30 days of the notice date above.</li> <li>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.</li> </ul>				
AGENT INFORMATION	you A	you have any questions regarding this u. gent: Megan REVY099, Taxpayer Se nail: MeganD.Roberts@ky.gov	-			



## COMMUNITY TREATMENT AND RE-ENTRY SOLUTIONS, LLC 4 Gilliam St Corbin KY, 40701

Notice Date: December 6, 2024 KY SoS Org. ID: 1136715

Direct: 502-564-7310