Organization ID # 0942623 **Commonwealth of Kentucky** State of origin Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta

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vmiller **LRPF**

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/2/2019 5:35 PM Fee Receipt: \$115.00

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 2017 through 2019

RST

Date (Required)

Exact limited liability company name a	and principal office address
ACESOVERJACKS, LLC	
11750 DIODE CT	
LOUISVILLE KY 40299	

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 reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/fisearch or can be downloaded from our website.

Registered Agent and Registered Unice Address				
DENISE SPALDING				
11750 Diode Ct				
Louisville, KY 40299	fantisalas tais valtum da a di			
If the above company is included in a parent company's k company's information here (optional):	tentucky tax return as a di	sregarded		
FEIN: Name:		-		
Tomo.		· · · · · · · · · · · · · · · · · · ·		
Members - List the name And address of the limited liability cor	npany's members. If not specific	d, addresses default to	the LLC's principal offi	ce address Member-managed
LLCs ere not required to list their members.				
, <u>y</u>	• •			
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	.	s 1		
The above entity was administratively dissolved on the undersigned states that the grounds for dissolut requirements of KRS 275.295. Enclosed is a check	ion either did not exist d	r have been elimi	nated, and the er	ntity's name satisfies the
Under penalty of penjury, the below signed hereby a information pertaining to AcesOverJacks, LLC to the	Secretary of State, as	equired for reinst	atement pursuant	t to KRS 271B.14-220.
If not an officer of said entity, glease provide a Decla	aration of Power of Attor	ney with the Reins	statement Applica	ation.
X (Loun Y Clarker B)	CFO	<u>. 1</u>		11-22-19
/Signature of member Or manager/Regulred)	Ti	le (Required)		Date (Required)

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

502-564-0058 Fax:

AcesOverJacks, LLC **11750 Diode Ct** Louisville KY 40299

Notice Date:

November 27, 2019

KY SoS Org. ID: 0942623

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.

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: Tonja REV3883, Taxpayer Services Specialist I

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289