Organization ID # 1015123 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1015123.06

dwilliams **LRPF**

Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 1/13/2022 7:18 AM Fee Receipt: \$115.00

RST

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 2021

Exact limited liability company name and principal office address **NORTH STREET APARTMENTS, LLC** 1615 ANTON ROAD **MADISONVILLE KY 42431**

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 https:/web.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address		IN (Ontional)
DAVID R. WEIR	_	
1615 ANTON ROAD		
MADISONVILLE, KY 42431		
If the above company is included in a parent company's l	Kentucky tax return as a disregarded	
company's information here (optional):		
FEIN: Name:		
Members - List the name And address of the limited liability co LLCs are not required to list their members.	ompany's members. If not specified, addresses default to	the LLC's principal office address Member-managed
• • • • • • • • • • • • • • • • • • • •		
DAVID WEIR		
The above entity was administratively dissolved on The undersigned states that the grounds for dissolute requirements of KRS 275.295. Enclosed is a check	ition either did not exist or have been elim	inated, and the entity's name satisfies the
Under penalty of perjury, the below signed hereby a information pertaining to NORTH STREET APARTM KRS 271B.14-220.	authorizes the Kentucky Department of Re MENTS, LLC to the Secretary of State, as	evenue to release any applicable tax required for reinstatement pursuant to
If not an officer of said entity, please provide a Decl	aration of Power of Attorney with the Rein	statement Application.
& HAWW	member	12-21-71
Signature of member Or manager (Required)	Title (Required)	Date (Required)

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

January 5, 2022

1015123

NORTH STREET APARTMENTS, LLC 141 East Arch St **MADISONVILLE KY 42431**

Letter of Good Standing Request - Approved

SUMMARY

RE:

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

Notice Date:

KY SoS Org. ID:

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: Madison REV4528, Revenue Auditor I

Email: madison.chism@ky.gov

Direct: 502-564-3047