Organization ID # 1064924 State of origin KY Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1064924.09

dwilliams PRPF

Michael G. Adams Kentucky Secretary of State

Received and Filed: 6/22/2021 10:48 AM Fee Receipt: \$130.00

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 years 2020 through 2021

RST

Exact organization name and principal office address

or chairman of the board (Required)

NNS TRANSPORT INC 4401 BLUE WISTERIA 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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent	and Registered Office Addres	is .	,		
ILIMDAR S		<u></u>			
	Wisteria Ct		•		
Louisville,	KY 40299				
	is included in a parent company's	Kentucky tax return a	s a disregard		t
company's informatio					
FEIN:	Name:				
Principal Officers	S - List the name, address and title of a			- (4) -66	
specified, officer addresse	es default to the principal office address. C	corrections are required to	list a Secretary or other offi	e (1) onicer, even in the case of a s icer serving as records custodian	ble difficer. If flot
President	ILTM DAR S				40299
Vice-President		<u> </u>			
Secretary		-,			· · · · · · · · · · · · · · · · · · ·
Treasurer					
		i.			
Directors - List the r	name And address of all directors (if app	icable).No listing of director	s Is verification that the cor	poration has dispensed with director	rs. If Not specified,
director addresses default	to the principal office address.				
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The above entity wa	as administratively dissolved or	October 8, 2020 he	cause the entity did	not file its annual report fo	or the year 2020
The undersigned st	ates that the grounds for disso	lution either did not e	exist or have been eli	iminated, and the entity's	name satisfies the
	S 271B.14-210. Enclosed is a				
•	erjury, the below signed hereby			•	
	ing to NNS TRANSPORT inc to				
If not an officer of s	aid entity, please provide a De	claration of Power of	Attorney with the Re	einstatement Application.	·-
	<i>I</i> /	• ^			, .



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

NNS TRANSPORT Inc 4401 Blue Wisteria Ct Louisville KY 40299

Notice Date: June 22, 2021 KY SoS Org. ID: 1064924

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

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
 - 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: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102



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: 06/22/2021	
NNS TRANSPORT 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
Phone: (502) 564-2272

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

Kentucky Secretary of State organization number 1064924

