n of Kentucky es, Secretary of S	0966326.06 amcra LRF Alison Lundergan Grimes Kentucky Secretary of State
	Including Occirculary of Otale
t Application and	Received and Filed: 11/20/2017 3:31 PM Fee Receipt: \$115.00
Reinstatement Annual Report For the year 2017	
name/office add form. When reir addresses until reinstatement is filed online at app	ffice address and registered agent dress cannot be changed on this istating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be p.sos.ky.gov/ftsearch or can be n our website.
FEIN (Opti	onal)
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	t Annual Report year 2017 The principal or name/office add form. When rein addresses until t reinstatement is filed online at ap downloaded from FEIN (Option

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

Mark W. Johnson	276 Indian Hills	New Haven KY40051
Michael Johnson	3175 Walter HallRd	New Haven KY 40051
Joseph Johnson	135 Clark Ln	Bardstown KY40004
Dennis Johnson	LOUY Saginaw Lexin	nation 164 40503
	<u> </u>	0

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to FAMILY HOME PLACE, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

× Mark Infohme	President	10-24-17
Signature of member on manager (Required)	Title (Required)	Date (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 20, 2017

FAMILY HOME PLACE, LLC 276 INDIAN HILLS NEW HAVEN KY 40051

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FAMILY HOME PLACE**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2169 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0966326

