Organization ID # 1004428 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

1004428.06

vmiller LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/19/2019 2:12 PM Fee Receipt: \$115.00

RST

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 year 2019

Exact limited liability company name and principal office address
THREE TOED LLC
1709 PAYNE ST
LOUISVILLE KY 40206

Registered Agent and Registered Office Address

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.kv.gov/ftsearch or can be downloaded from our website.

Matth	ew Fowler		14. 1			
1709	Payne St	each refunder to design				. ;
Louis	ville, KY 40206					
If the above com	pany is included in a parent company	's Kentúcky tax return as a dis	sregard			ent
company's inforr	nation here (optional):					
FEIN:	Name:					
· · · 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				** * * .	*,
Members - Lis	t the name And address of the limited liability	company's members. If not specific	d, addresses defa	ult to the LLC's principal off	ice address., Mem	ber-manage
	ed to list their members.		<u> </u>			
MATTHEW A	LAN FOWLER					
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The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 Three Toed 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.

X Mense Signature of member Or, manager (Required)

Mense Title (Required)

Title (Required)

Date/(Required)

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

502-564-0058 Fax:

Three Toed LLC 1709 Pavne St Louisville KY 40206 Notice Date:

December 18, 2019

KY SoS Org. ID: 1004428

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 II

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