rganization ID # 0992632 Commonwealth of Kentucky ate of origin KY ling fee \$145.00 Michael G. Adams, Secretary of State		0992632.06 kdcolema LRPI Michael G. Adams Kentucky Secretary of State Received and Filed:		
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			
Exact limited liability company name and principal office address ALPHA MOVING SOLUTIONS LLC 10611 1/2 DIXIE HIGHWAY LOUISVILLE KY 40272		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 <u>https:</u> <u>\web.sos.ky.gov\ftsearch</u> or can be downloaded from our website.		
Registered Agent and Registered C COREY M MYERS 4915 PARAMOUNT DR 4915 PARAMOUNT DR LOUISVILLE, KY 40258 If the above company is included in a par company's information here (optional):	office Address ent company's Kentucky tax return as a disreg	jarded entity or a subsidiar	y, please provide the parent	
FEIN: Name:	f the limited liability company's members. If not spec	ified, addresses default to the	LLC's principal office address Member-	
COREY M MYERS				
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The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$145.00, payable to Kentucky State Treasurer.

With States

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to ALPHA MOVING SOLUTIONS 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.

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Х Memb Signature of member Or manager (Required) Title (Required) ٦.

Date (Required)



## ALPHA MOVING SOLUTIONS LLC 10611 1/2 DIXIE HIGHWAY LOUISVILLE KY 40272

Notice Date: January 14, 2022 KY SoS Org. ID: 0992632

RE:	Letter of Good Standing Request - Approved
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
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