ganization ID # 0870033 te of origin KY ng fee \$220 Mich	Commonwealth of Kentucky ael G. Adams, Secretary of St	0870033 Michael G. Ada KY Secretary of Received and Fi	of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718	Reinstatement Application Reinstatement Annual Re For the years 2017 through 20	eport	
(502) 564-3490 http://www.sos.ky.gov			
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http://www.sos.ky.gov Exact limited liability company RIVER GLEN HOLDINGS 906 FOSSIL CREEK CIR LOUISVILLE KY 40245 Registered Agent and Register GRACIELA M FUENTES 906 FOSSIL CREEK CIR LOUISVILLE, KY 40245	S, LLC CLE CLE S of the limited liability company's members. If not specified, address	gent name/office add n this form. When rei lodify the addresses u led. Once the reinstate tatement of change wi	Iress cannot be chan instating, you cannot until the reinstatement ement is filed, the II be filed.

The above entity was administratively dissolved on 7/19/2016 because the entity did not maintain its registered agent. 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 14A3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to RIVER GLEN HOLDINGS, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Small

Real Estate

Business size:

Business type:

Signature of Authorized Representative: GRACIELAM FUENTES Title: MEMBER 9/17/2024



RIVER GLEN HOLDINGS, LLC 1902 CAMPUS PLACE SUITE 6 LOUISVILLE KY, 40299		Notice Date: KY SoS Org. ID:	September 17, 2024 08700332
RE:	Letter of Good Standing Request - A	pproved	087003360'
SUMMARY	You requested a letter of good standing with the Department of Revenue.	²	
OUR DETERMINATION	We verified the following information.		
	 You are registered with the Department An authorized person requested on You filed income and LLE tax seturn filing. You have no outstanding tax asses Collections or have a valid pay agree 	ent of Revenue. s letter. ns as required, or yc sments with the Div	
	This notice will remain correct for 30 days from the notice date above.		
WHAT YOU NEED TO DO	 If you are a thempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the nc is e date above. If you are a for-profit corporation, you will also need to provide the protectary of State a letter of good standing from the Division of themployment Insurance. Their telephone number is 502-564-6835. 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. 		
AGENT INFORMATION	If you have any questions regarding thi you.	s notice, please con	tact me. Thank
G	Agent: James REVE277, Taxpayer Se Email: James.Sutherland@ky.gov Direct: 502-564-7359	ervices Specialist III	I