

Organization ID # 1003235
State of origin KY
Filing fee \$175.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1003235.06

kdcoleman
LRPF

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
8/22/2022 2:35 PM
Fee Receipt: \$175.00

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 2018 through 2022

Exact limited liability company name and principal office address

GFE FLOOD CLAIMS, L.L.C.
258 ABBEY RD
VERSAILLES KY 40383

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/tsearch> or can be downloaded from our website.

Registered Agent and Registered Office Address

William M Morris
258 Abbey Rd
Versailles, KY 40383

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: 1003235 Name: GFE Flood Claims LLC William Morris Owner

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

William Morris 391 Colony Dr Versailles KY 40383

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 \$175.00, 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 GFE Flood Claims, L.L.C. 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 William Morris

Signature of member Or manager (Required)

Owner

Title (Required)

8-17-2022

Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

GFE Flood Claims, L.L.C.
391 COLONY DR.
Versailles KY 40383

Notice Date: August 22, 2022
KY SoS Org. ID: 1003235

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: Dottye REV3769, Taxpayer Specialist I
Email: Dottye.Roberts@ky.gov
Direct: 502-564-0102