Organization ID # 0077936 State of origin KY Filing fee \$130.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0077936.09

mwellman NPRF

Michael G. Adams Kentucky Secretary of State Received and Filed:

4/9/2024 10:16 AM Fee Receipt: \$130.00

The principal office address and registered agent name/office address cannot be changed

modify- the addresses until the reinstatement is

on this form. When reinstating, you cannot

filed. Once the reinstatement is filed, the statement of change can be filed online at <a href="https://web.sos.ky.gov/bussearchnprofile/search.aspx">https://web.sos.ky.gov/bussearchnprofile/search.aspx</a>

RST

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 2023 through 2024

Exact organization name and principal office address ROCKY HILLS ESTATES, INC.

ROCKY HILLS ESTATES, INC. 3931 WILDERNESS TRAIL LOUISVILLE KY 40299

Registered Agent and Registered Office Address

JANET HAINES

3931 WILDERNESS TRAIL

LOUISVILLE, KY 40299

F the above company is included in a parent company's Kentucky tax return as a disregarded entity of a substituty, please provide the parent company's information here (optional):

FEIN:

Name:

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole of the not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	GARY HAINES				
Secretary	JANET HAINES				
Treasurer	JANET HAINES				<del></del>
Vice President	GORDON HAINES				•
Directors - Non-profit cor	porations must have at least three (3) dire	ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to
the principal office address.	porations must have at least three (3) dire	ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to
the principal office address.  GARY HAINES		ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to
Directors - Non-profit cor the principal office address. GARY HAINES CHARLES BEYERLE		ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to
the principal office address.  GARY HAINES		ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to
the principal office address. GARY HAINES CHARLES BEYERLE		ctors. All directors of the	ne non-profit must be	e listed. If Not specified, director a	addresses default to

The above entity was administratively dissolved on October 4, 2023 because the entity did not file its annual report for the year 2023. 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 273.3181. Enclosed is a check in the amount of \$130.00, 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 ROCKY HILLS ESTATES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an office of said entity, please provide a Declaration	n of Power of Attorney with the Reinstatemen	t Application.
x Hant being	Sec/Treas	4-1-24
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)

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

Notice Date: April 8, 2024 KY SoS Org. ID: 0077936

ROCKY HILLS ESTATES, INC. 3931 WILDERNESS TRAIL **LOUISVILLE KY, 40299** 

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: James REVE277, Taxpayer Services Specialist III

Email: James.Sutherland@ky.gov

Direct: 502-564-7359