

Organization ID # 0903836
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0903836.06 amcray LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
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Fee Receipt: \$130.00

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 years 2015 through 2016

Feb

RST

Exact limited liability company name and principal office address

CRATER CITY ADVENTURE CO., LLC
430 MCVEY RD.
TAZEWELL TN 37879

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

Registered Agent and Registered Office Address

BRITT HARRIS
2121 CUMBERLAND AVE.
MIDDLESBORO, KY 40965



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

JOE BROWN 2121 CUMBERLAND AVE, MIDDLESBORO KY 40965

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$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 CRATER CITY ADVENTURE CO., 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 *Joe Brown* MEMBER 1/26/16
Signature of member or manager (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

April 4, 2016

**CRATER CITY ADVENTURE CO., LLC
2121 CUMBERLAND AVE
MIDDLESBORO KY 40965**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CRATER CITY ADVENTURE CO., LLC** has filed Kentucky Income Tax Returns through the tax year ended 2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

James REVE277, Taxpayer Services Specialist II
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7359
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0903836