Organization ID # 0988537 Commonwealth of Kentucky
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 3/5/2019 3:05 PM Fee Receipt: \$130.00

RST

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 2018 through 2019

Exact limited liability company name and principal office address
ABFIT CLUB LIMITED LIABILITY COMPANY
3725 COTTAGE CIR
LEXINGTON KY 40513

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.

	downloaded from our website.
Registered Agent and Registered Office Address	FFIN (Ontional)
Chad Abner	
3725 Cottage Cir	
Lexington, KY 40513	
If the above company is included in a parent company's Kentucky tax re company's information here (optional):	eturn as a disregarded
FEIN: Name:	
Members - List the name and address of the limited liability company's members	s. If not specified, addresses default to the LLC's principal office address Member-managed
LLCs are not required to list their members.	
The above entity was administratively dissolved on October 16, 2	2018 because the entity did not file its annual report for the year 2018.
The undersigned states that the grounds for dissolution either did	inot exist or have been eliminated, and the entity's name satisfies the
requirements of KRS 275.295. Enclosed is a check in the amoun	t of \$130.00, payable to Kentucky State Treasurer.
Under penalty of periury, the below signed hereby authorizes the	Kentucky Department of Revenue to release any applicable tax
information pertaining to Abfit Club Limited Liability Company 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 Po	wer of Attorney with the Reinstatement Application
X/1/V/1/V Dune	c/ Obstice 21/2/19
Signature of member or manager (Required)	Title (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

Abfit Club Limited Liability Company 3725 Cottage Cir Lexington KY 40513

Notice Date:

March 5, 2019

KY SoS Org. ID: 0988537

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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038