Organization ID # 0336538 Commonwealth of Kentucky State of origin Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

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Alison Lundergan Grimes

Received and Filed: 6/21/2018 11:05 AM Fee Receipt: \$160.00

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 2015 through 2018

Exact limited partnership name and if domestic, designated address or, if foreign, principal office address

LEAVELL FAMILY LIMITED PARTNERSHIP 1616 TATES CREEK ROAD **LEXINGTON KY 40502**

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 Addre	SS SELV (Ontional)
ULLIN W. LEAVELL, JR.	
111 WOODLAND AVE. APT 701	
LEXINGTON, KY 40502	
If the above company is included in a parent company's	s Kentucky tax return as a disregarded
company's information here (optional):	
FEIN: Name:	
General partners - List the name and address of the lim principal office address.	ited partnership's general partners. If not specified, addresses default to the partnership's designated office or
Kentucky Bank, Liquidating Trustee	339 Main Street, Paris, KY, 40361

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 362. Enclosed is a check in the amount of \$160.00, 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 LEAVELL FAMILY LIMITED PARTNERSHIP 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.

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

502-564-0058 Fax:

LEAVELL FAMILY LIMITED PARTNERSHIP 339 MAIN STREET **PARIS KY 40361**

Notice Date:

KY SoS Org. ID:

June 21, 2018 0336538

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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099