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Michael G. Ada Secretary of St P. O. Box 71 Frankfort, KY 4060 (502) 564-349 http://www.sos.k	ate 8 02-0718 90	Reinstatement Application Reinstatement Annual F For the year 2024		Fee receipt 1 anu	ОСТ	
LOUISVILLE 7400 JEFFER	ALLSTARS SON BLVD #	rincipal office addres VOLLEYBALL ACADE #19811	MY INC.	gent name/office ad n this form. When re	address and registered dress cannot be chan; einstating, you cannot until the reinstatement is tement is filed, the	
<b>LOUISVILLE</b> <u>Registered Agent an</u> NICOLE ZOLI 5606 Vevia PI Louisville, KY	<u>d Registere</u> COFFER	d Office Address		tatement of change v	vill be filed.	
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Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LOUISVILLE ALLSTARS VOLLEYBALL ACADEMY INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Nicole Zolicoffer Title: Director 12/17/2024



LOUISVILLE ALLSTARS VOLLEYBALL ACADEMY INC. 7400 Jefferson Blvd #19811 Louisville KY, 40219		Notice Date: (Y SoS Org. ID:	December 17, 2024 1078138		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ul> <li>Ve verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ul>				
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate you of this letter to the Kentucky Secretary notice date above.</li> <li>If you are a for-profit corporation, you secretary of State a letter of good stane Unemployment Insurance. Their teleph</li> <li>If you are a non-profit entity, please tax returns with the Kentucky Attorney requirements website is: http://ag.ky.g charity/Pages/registration.aspx.</li> </ol>	y of State within 30 rou will also need nding from the Divi none number is 50 e remember to file y General. The cha	0 days of the to provide the sion of 2-564-6835. a copy of your arity filing		
AGENT INFORMATION	If you have any questions regarding this no you. Agent: Louis REV4836, Taxpayer Service Email: louis.szemethy@ky.gov		act me. Thank		



## LOUISVILLE ALLSTARS VOLLEYBALL ACADEMY INC. 7400 Jefferson Blvd #19811 Louisville KY, 40219

Notice Date: KY SoS Org. ID:

December 17, 2024 D: 1078138

Direct: 502-564-2057