Organization ID # 0952140 State of origin KY Filing fee \$130

Commonwealth of Kentucky Michael G. Adams, Secretary of St

0952140 Michael G. Adams **KY Secretary of State** Received and Filed 6/8/2023 3:09:09 PM

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Fee receipt: \$130.00 Reinstatement Application and **Reinstatement Annual Report** For the years 2022 through 2023

RST

Exact organization name and principal office address MOUNTAIN GYPSY HERBS, INC. 122 N. CUMBERLAND AVE **HARLAN KY 40831**

Registered Agent and Registered Office Address

DARLA JACKSON 122 N. CUMBERLAND AVE HARLAN, KY 40831

The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change will be filed.

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 officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records

President	DARLA M MOUNTAIN GYPSY	122 N CUMBERLAND AVE
Vice President	DARLA A MOUNTAIN GYPSY	122 N CUMBERLAND AVE
Treasurer	DARLA M MOUNTAIN GYPSY	122 N CUMBERLAND AVE
Secretary	DARLA A MOUNTAIN GYPSY	122 N CUMBERLAND AVE

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MOUNTAIN GYPSY HERBS, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Darla Jackson Title: Owner 6/8/2023

Website: www.revenue.ky.gov

Phone: 502-564-8139 Fax: 502-564-0058

MOUNTAIN GYPSY HERBS, INC. 122 N. CUMBERLAND AVE **HARLAN KY, 40831**

Notice Date: June 8, 2023 KY SoS Org. ID: 0952140

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: Madison REV4528, Revenue Auditor I

Email: madison.chism@ky.gov

Direct: 502-564-3047



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 06/08/2023 MOUNTAIN GYPSY HERBS, INC. Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Samantha Tabor Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272

Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0952140

