Organization ID # 0854343

Commonwealth of Kentucky State of origin KY
Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Kentucky Secretary of State

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Received and Filed: 4/5/2018 12:25 PM 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 liability company name and principal office address MDV DISTRIBUTION, LLC **633 NORTH MULBERRY ELIZABETHTOWN KY 42701**

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 web	
Registered Agent and Registered Office Addre	<u>ss</u>		FEIN (Ontional)	
MICHAEL VERTREES				
633 NORTH MULBERRY ELIZABETHTOWN, KY 42701				
f the above company is included in a parent company.	s Kentucky tax	return as a disregarded	i	
company's information here (optional):				
FEIN: Name:				
Members - List the name and address of the limited liability LCs are not required to list their members.	company's membe	rs. If not specified, addresse	es default to the LLC's principal off	ice address Member-managed
MICHAEL DALE VERTREES	633 No	ith Mulberry	Elizabethhours	KY 42701
The above entity was administratively dissolved o	n September	12, 2015 because the	e entity did not file its ann	ual report for the year
2015. The undersigned states that the grounds fo satisfies the requirements of KRS 275.295. Enclose				
Under penalty of perjury, the below signed hereby	authorizes th	e Kentucky Departm	ent of Revenue to release	any applicable tax
nformation pertaining to MDV DISTRIBUTION, LL 271B.14-220.	.C to the Secr	etary of State, as req	uired for reinstatement pu	irsuant to KRS
f not an officer of said entity, please provide a De	claration of Po	ower of Attorney with	the Reinstatement Applic	cation.
X Mich Al Det		owner_		3-9-18
Signatyline of member or manager (Required)		Title (Require	d)	Date (Required)

Website: www.revenue.kv.gov

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

MDV DISTRIBUTION, LLC 633 NORTH MULBERRY **ELIZABETHTOWN KY 42701**

Notice Date: April 5, 2018 KY SoS Org. ID: 0854343

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