Organization ID # 0888153 Commonwealth of Kentucky State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

0888153.06

dcornish **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 11/21/2018 12:16 PM Fee Receipt: \$115.00

The principal office address and registered agent

name/office address cannot be changed on this

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.

form. When reinstating, you cannot modify the

RST

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

NANCY SHCULTZ

GARY ERVIN BOBBY ERVIN

Reinstatement Application and **Reinstatement Annual Report** For the year 2018

Exact limited liability company name and principal office address NORTH METCALFE RECREATIONAL CENTER, LLC 1815 NORTH METCALFE ROAD

Shoy Itz

Registered Agent and Registered Office Address

EDMONTON KY 42129

BOBBY ERVIN	
1815 NORTH METCALFE ROAD	
EDMONTON, KY 42129	
If the above company is included in a parent company's Kent	ucky tax return as a disregarded e
company's information here (optional):	
FEIN: Name:	
Members - List the name and address of the limited liability compan	ny's members. If not specified, addresses default to the LLC's principal office address Member-managed

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 275.295. Enclosed is a check in the amount of \$115.00, 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 NORTH METCALFE RECREATIONAL CENTER, LLC 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.

X	May Vito	Secretary	11/19/18
	Signature of member or manager (Required)	Title (Required)	Date (Required)

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

502-564-0058 Fax:

NORTH METCALFE RECREATIONAL CENTER, LLC Notice Date: November 21, 2018 KY SoS Org. ID: 1815 NORTH METCALFE ROAD 0888153

EDMONTON KY 42129

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