Organization ID # 0936154 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/19/2020 3:31 PM Fee Receipt: \$115.00

Michael G. Adams 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 year 2020

Exact limited liability	company name	and principal	office address

SHALOM ENTERPRISES, LLC 6465 STRIPED BRIDGE RD. **HOPKINSVILLE KY 42240**

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 we	website.	
Registered Agent and	Registered Office Add	lress		in the second	FEIN (Optional)		
NICASIO J. S	HALOM	34			,		
	D BRIDGE RD.		**	a 21			
	LE, KY 42240		and the second	144			
	ncluded in a parent compa	ny's Kentucky t	ax return as a di	sregard		ent	
company's information he							
FEIN:I	Name:	de					
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	e And address of the limited liab	oility company's ma					
NICASIO SHALOM		6465	Striped	Bridge	Rd. Hopkin	sville, KV 4224	
NINA SHALOM		10	4,77			7,	
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	e egi ej i oo .	X 3 3					
The above entity was a	dministratively dissolved	l on October 8	3. 2020 becaus	e the entity did	not file its annual	report for the year 2020.	
						entity's name satisfies the	
	75.295. Enclosed is a ch						
3		ニング あっき みっかい	A	THE TAX SECTION		As 1	
Under penalty of perjur	y, the below signed here	eby authorizes	tne Kentucky i	Department of	Revenue to releas	se any applicable tax	
	O SHALOM ENTERPRIS	SES, LLC to tr	ne Secretary of	State, as requ	lired for reinstatem	ent pursuant to KRS	
271B.14-220.		-		5.,_	A	•	
If not an officer of said	entity, please provide a	Declaration of	Power of Attor	ney with the R	Reinstatement Appl	ication.	
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Signature of mem	ber Or manager (Required)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Tit	le (Required)	32 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date (Required)	

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

SHALOM ENTERPRISES, LLC 6465 STRIPED BRIDGE RD. HOPKINSVILLE KY 42240

Notice Date: October 19, 2020

KY SoS Org. ID: 0936154

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102