Organization ID # 0988860 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Fee Receipt: \$115.00

0988860.06

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/23/2020 5:45 AM

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

HAMILTONDEMO LLC **PO BOX 653 HEBRON KY 41048**

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

Madrier Hold				ne at app.sos.ky ded from our web	.gov/ftsearch or can be site.	
Registered Agent and Registered Office Address LEGALINC CORPORATE SERVICES INC 4965 US HWY 42, SUITE 1000-34			FEIN (Optional)			
LOUISVILLE, KY 40222 If the above company is included in a parent comcompany's information here (optional): FEIN: Name:	pany's Kentucky tax	return as a disregard	led (
Members - List the name And address of the limited LLCs are not required to list their members.	liability company's memb	pers. if not specified, addre	esses default to the	LLC's principal of	ffice address Member-m	anaged
SHAWN HAMILTON	1221	Thistleridae	Drive	Hebron	KY 41046	
YVAN DEMOSTHENES	1650		Cincinnati		230	
The above entity was administratively dissolute and ensigned states that the grounds for requirements of KRS 275.295. Enclosed is a	dissolution either	did not exist or have	e been elimina	ted, and the o	entity's name satisf	2020. ies the
Under penalty of perjury, the below signed hinformation pertaining to HAMILTONDEMO	ereby authorizes t LLC to the Secreta	he Kentucky Depart try of State, as requ	ment of Rever ired for reinsta	nue to release Itement pursu	e any applicable ta uant to KRS 271B.1	x 14-220.
If not an officer of said entity, please provide	a Declaration of F	Power of Attorney w	ith the Reinsta	tement Appli	cation.	
X Show Fundly Signature of member Or manager (Required)		Marken Title (Requ	iired)		/2/4/20 (Date/(Required)	
Cignoral of monitor of menager (modellor)		/ / .				

Managins Member

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

HAMILTONDEMO LLC 2335 Buttermilk Crossing Suite 106 Crescent Springs, KY 41017 Notice Date: December 22, 2020

KY SoS Org. ID: 0988860

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.

- 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

Agent: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370