Organization ID # 0952261 State of origin Filing fee \$145.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0952261.09

dwilliams

PRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 1/29/2021 8:39 AM Fee Receipt: \$145.00

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 years 2019 through 2021

| Exact | <u>t organization</u> | name and | principal | <u>office</u> | <u>address</u> |
|-------|-----------------------|----------|-----------|---------------|----------------|
| | | | | | |

SUNRISE FLORENCE INC.

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the

| FLORENCE | | | addresses until the reinstatement is filed. Unce the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ft/search or can be downloaded from our website. | | |
|---|---|---|---|--|--|
| VIMAL PATE 30 CAVALIEN FLORENCE, | R BLVD KY 41042 | | FEIN (Optional) 81 25 75 704 | | |
| if the above company is company's information b FEIN: | nciuded in a parent compan nere (optional): Name: | y's Kentucky tax return as a disregarded e | enuty. | | |
| Principal Officers - specified, officer addresses d | List the name, address and title o | of all current officers. All organizations must list at less. Corporations are required to list a Secretary or ot | past on her off | | |
| President | VIMAL PATEL | ethny, | | | |
| Secretary | KUNAL DAVE | Carry to The Carry | | | |
| | | | | | |
| | | | | | |
| Directors - List the name | ne And address of all directors (if a the principal office address: | pplicable).No listing of directors is verification that | the corporation has dispensed with directors. If Not specified, | | |
| VIMAL PATEL | | | | | |
| KUNAL DAVE | | | | | |
| | 1 4633/2 1 | | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| The undersigned state requirements of KRS | es that the grounds for diss 271B.14-210. Enclosed is | solution:either did not exist or have be a check in the amount of \$145.00, pa | ity did not file its annual report for the year 2019. en eliminated, and the entity's name satisfies the yable to Kentucky State Treasurer. nt of Revenue to release any applicable tax | | |
| information pertaining 271B.14-22 0 . | to SUNRISE FLORENCE | Inc. to the Secretary of State, as requ | aired for reinstatement pursuant to KRS | | |
| If not an officer of said | d entity, please provide a D | Declaration of Power of Attorney with the | ne Reinstatement Application. | | |
| X M | wel. | President | 1-22-21 | | |
| Signature of officer Pr | r chairman of the board (Required) | Title (Required) | Date (Required) | | |

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

SUNRISE FLORENCE Inc. 30 CAVALIER BLVD **FLORENCE KY 41042**

Notice Date:

January 28, 2021

KY SoS Org. ID: 0952261

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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov

Direct: (502) 564-7370



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: 01/28/2021 | |
|----------------------------|--|
| SUNRISE FLORENCE 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 |

Sincerely,

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

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0952261

charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

