Organization ID # 0994662 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0994662.06

dwilliams

LRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 3/16/2021 1:44 PM Fee Receipt: \$130.00

Date (Reguired)

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

Signature of member Or manager (Required)

Reinstatement Application and Reinstatement Annual Report For the years 2020 through 2021

Exact limited liability company name and principal office address	The principal office address and registered agent
MY PLACE, LLC-CTD	name/office address cannot be changed on this form. When reinstating, you cannot modify the
1501 FOX CREEK ROAD	addresses until the reinstatement is filed. Once the
LAWRENCEBURG KY 40342	reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address	FEIN (Optional)
CAROLYN S. COLE	
1513 FOX CREEK ROAD	
LAWRENCEBURG, KY 40342	
If the above company is included in a parent company's Kentucky tax return as a disregarded information here (optional): FEIN: Name:	entity s
Members - List the name And address of the limited liability company's members. If not specified, address LLCs are not required to list their members.	sses default to the LLC's principal office address Member-managed
CAROLYN COLE	
The above entity was administratively dissolved on October 8, 2020 because the of the undersigned states that the grounds for dissolution either did not exist or have the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00,	e been eliminated, and the entity's name satisfies
Under penalty of perjury, the below signed hereby authorizes the Kentucky Depart	ment of Revenue to release any applicable tax
information pertaining to MY PLACE, LLC-CTD to the Secretary of State, as requi 271B.14-220.	red for reinstatement pursuant to KRS
If not an officer of said entity, please provide a Declaration of Power of Attorney w	rith the Reinstatement Application.
X Compas Pola Conner	02/17/2071

Title (Required)

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

MY PLACE, LLC-CTD 1513 FOX CREEK ROAD LAWRENCEBURG KY 40342 Notice Date:

March 16, 2021

KY SoS Org. ID: 0994662

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

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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038