ganization ID # 132626 te of origin KY ng fee \$130.00	Commonwealth of Kentuck Michael G. Adams, Secretary of	Michael G	ary of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490	Reinstatement Applicat Reinstatement Annual For the years 2024 through	ion and Report	25 4:33:44 PM ipt: \$130.00
(502) 564-5490 http://www.sos.ky.go			
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http://www.sos.ky.go Exact limited liability co COLLIE TRANSP 6367 HWY 160 ROXANA KY 4184 Registered Agent and R CHAD MICHAEL 6367 hwy 160 Roxana, KY 4184	v mpany name and principal office address ORT LLC 8 egistered Office Address COLLIE 3 d address of the limited liability company's members. If not specified, add	agent name/offic on this form. Wh modify the addres filed. Once the rei statement of chan	ses until the reinstatement nstatement is filed, the ige will be filed.

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Motor Freight Transportation and Warehousing

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Collie Transport LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Small

Business size: Business type:

Signature of Authorized Representative: CHAD MICHAEL COLLIE Title: MEMBER 1/31/2025



	Collie Transport LLC 6367 hwy 160 Roxana KY, 41848	Notice Date: January 31, 2025 KY SoS Org. ID: 1326263		
RE:		Letter of Good Standing Request - Approved		
SUM	MARY	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.		
		 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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. 		
WHA	T YOU NEED TO DO	 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. 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. 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. 		
AGEN INFO	NT RMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327		