anization ID # 0992566 e of origin KY g fee \$130 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of St	Received and	r <b>y of State</b> d Filed
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490	Reinstatement Application Reinstatement Annual Rep For the years 2023 through 202	Fee receip and port	4 7:23:09 AM pt: \$130.00
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http://www.sos.ky.gov Exact limited liability compare HAMPTON DIVERSIFIE P.O. BOX 44	ED, LLC and principal office address age on mod filed states of the state state state state of the state sta	ent name/office this form. When dify the addresse	,
http://www.sos.ky.gov Exact limited liability compar HAMPTON DIVERSIFIE P.O. BOX 44 ISLAND KY 42350 Registered Agent and Registe TIMOTHY RYAN HAMP 800 IVAN BROWN ROA ISLAND, KY 42350	age on mod filed stat	this form. When dify the addressed d. Once the reins tement of change	address cannot be ch n reinstating, you canno es until the reinstateme statement is filed, the e will be filed.

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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.

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

Agricultural Production - Crops

Small

Business size:

Business type:

Signature of Authorized Representative: Timothy Ryan Hampton Title: Member 2/15/2024



HAMPTON DIVERSIFIED, LLC P.O. BOX 44 ISLAND KY, 42350		Notice Date: KY SoS Org. ID:	February 15, 2024 0992566
RE:	Letter of Good Standing Request	Approved	2 <sup>eq</sup>
SUMMARY	You requested a letter of good standin with the Department of Revenue. We verified the following information.		
OUR DETERMINATION	We verified the following information.		
WHAT YOU NEED TO DO	<ol> <li>You are registered with the Depart</li> <li>An authorized person requested if</li> <li>You filed income and LLE tax returning.</li> <li>You have no outstanding tax asse Collections or have a valid pay agr</li> <li>This notice will remain corrent for 30 d</li> <li>If you are attempting to reinstation of this letter to the Kentucky Secritic corporation of the value of the secretary of State a letter of good</li> </ol>	ment of Revenue. This letter. This as required, or you resements with the Divi- reement in place. Tays from the notice da te your entity, please retary of State within 3 on, you will also need standing from the Div	u are exempt from sion of ate above. e provide a copy 00 days of the to provide the <i>i</i> sion of
CONTACT INFORMATION	<ul> <li>Chemployment Insurance. Their tee</li> <li>If you are a non-profit entity, platax returns with the Kentucky Attorequirements website is: http://ag.charity/Pages/registration.aspx.</li> <li>If you have any questions regarding the you.</li> <li>Agent: James REVE277, Taxpayer S Email: James.Sutherland@ky.gov</li> </ul>	ease remember to file orney General. The ch .ky.gov/family/consum his notice, please cont	a copy of your arity filing herprotection/ tact me. Thank
	Direct: 502-564-7359		