11/15/2021 2:02 PM

Fee Receipt: \$115.00

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PRPF ael G. Adams

Michael G. Adams Kentucky Secretary of State Received and Filed:

Organization ID # 0457069
State of origin KY
Filing fee \$115.00

Michael G. Adams

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Reinstatement Application and Reinstatement Annual Report
For the year 2021

RST

Exact organization name and principal office address

DIANNE L. GAMBLE, INC. 1861 BIRD RD. INDEPENDENCE KY 41051 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

The principal office address and registered agent

Registered Agent and Registered Office Address

SUTTON LAW SERVICE COMPANY, LLC 6900 HOUSTON ROAD SUITE 43 FLORENCE, KY 41042

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN:	Name:			
Principal Officers	S - List the name, address and title of all c es default to the principal office address. Con	current officers. All organizations n porations are required to list a Sec	nust list at least one (1) officer, even in cretary or other officer serving as rec	n the case of a sole officer. If not ords custodian
Sole Officer	DIANNE LEE GAMBLE			
				
·				
	name And address of all directors (if applica	ble).No listing of directors Is verifi	cation that the corporation has disper	nsed with directors. If Not specified,
director addresses default	t to the principal office address.			
				
				
		· · · · · · · · · · · · · · · · · · ·		
	as administratively dissolved on C			
	tates that the grounds for dissolut RS 271B.14-210. Enclosed is a ch			
	erjury, the below signed hereby at			
	ing to DIANNE L. GAMBLE, INC.	to the Secretary of State,	as required for reinstateme	ent pursuant to KRS
271B.14-220.		,		
If not an officer of s	said entity, please provide a Decla	aration of Power of Attorn	ey with the Reinstatement A	application.
X M	Landa	President		11/8/2)
Signature of office	r Or chairman of the board (Required)	Title	(Required)	Date (Required)

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

Fax: 502-564-0058

DIANNE L. GAMBLE, INC. **513 MLEVASSOR AVE COVINGTON KY 41014**

Notice Date:

November 15, 2021

KY SoS Org. ID: 0457069

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 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: 11/15/2021		
DIANNE L. GAMBLE, 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 charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0457069

