Organization ID # 0850069 State of origin Filing fee \$160.00

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of State

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**LRPF** Michael G. Adams

**Kentucky Secretary of State** Received and Filed: 4/7/2020 3:30 PM Fee Receipt: \$160.00

The principal office address and registered agent 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

filed online at app.sos.kv.gov/ftsearch or can be

KOI

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 2017 through 2020

<u>Exact ilmited ilab</u>	uity company name :	and principal office address
CHITOW	NPARTYBUS LLC	
717 HUM	IE BEDFORD RD.	

**PARIS KY 40361** 

Registered Agent and Registered Office Address

\_ Name:

InCorp Services, Inc. 828 Lane Allen Road Ste 219 Lexington, KY 40504

If the above company is included in a parent company's Kentucky tax return as a disregard company's information here (optional):

FFIN (Ontional)

downloaded from our website.

Managers - List the name And address of the limited liabil	ity company's managers. If not specified, addresses default to the LLC's principal office address.
Chris Vecchio	

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 275.295. Enclosed is a check in the amount of \$160.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Chitownpartybus LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Χ	Chois V	ecchio	Owner	4
	Olementure of means	han On manager (Degulated)	Title (Required)	r

/3/2020

Signature of member Or manager (Required)

Title (Required)

Date (Required)

Website: www.revenue.ky.gov Phone:

502-564-8139 502-564-0058 Fax:

Chitownpartybus LLC 717 Hume Bedford Rd. **Paris KY 40361** 

Notice Date: April 7, 2020 KY SoS Org. ID: 0850069

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.

- 3. 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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289