1087069 Organization ID # State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1087069.06

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/6/2023 11:06 AM Fee Receipt: \$130.00

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 2022 through 2023

Exact limited liability company name and principal office address

SUMMIT COMFORT, LLC 3505 GREENLAWN DR

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

LEXINGTON KY 40517	THE THE PERSONNEL CONTROL		statement of change can be sos.ky.gov\ftsearch or can vebsite.
Registered Agent and Registered Office Addre	es of the second se	FEIN (Optional)	
KHALED HELIL			
3505 GREENLAWN DR			
LEXINGTON, KY 40517 If the above company is included in a parent company	s Kantucky to return as a discours		rent
company's information here (optional). FEIN: Name:	S remocky tax return as a disregard	G	ient
Members - List the name And address of the limited liability	company's members. If not specified, addre	esses default to the LLC's principal of	fice address Member-managed
LLCs are not required to list their members. KHALED A HELIL		o de de de la companio della compani	
NIACED A RELIE TO SERVICE TO SERV	Laurer Toda		<u>. </u>
		No. 1	報。
	No. 25 April 1995		· [4]
The above entity was administratively dissolved o			
The undersigned states that the grounds for disso	olution either did not exist or have	e been eliminated, and the e	entity's name satisfies the
requirements of KRS 275.295. Enclosed is a chec	ck in the amount of \$130.00, pay	able to Kentucky State Trea	surer.
Under penalty of perjury, the below signed hereby information pertaining to SUMMIT COMFORT, LL 271B.14-220.			
If not an officer of said entity, please provide a De	claration of Power of Attorney w	ith the Reinstatement Applic	
x Khaled Helil	owne		02-6-2023
Signature of member Or manager (Required)	Title (Requ	uired)	Date (Required)
			•

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

Fax: 502-564-0058

SUMMIT COMFORT, LLC 3505 GREENLAWN DR **LEXINGTON KY, 40517**

Notice Date:

February 6, 2023 1087069

KY SoS Org. ID:

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: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310