anization ID # 1193972			
te of origin KY ng fee \$130 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	1193972 Michael G. A KY Secretary Received and	of State
Michael G. Adams		Fee receip	3:54:05 AM t: \$130.00
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2023 through 20	eport	RST
Exact limited liability compa SMILEY'S POCKET LL 10707 W. US HWY 42 GOSHEN KY 40026	-C at a fille fill	gent name/office a n this form. When	,
Registered Agent and Regist	ered Office Address	latement of change	will be filed.
ROBERT L MATTHEW 10707 W. US Hwy 42 Goshen, KY 40026	ALIN OF		
10707 W. US Hwy 42 Goshen, KY 40026	ess of the limited liability company's members. If not specified, address	es default to the LL	C's principal office add
10707 W. US Hwy 42 Goshen, KY 40026 Members - List the name And addr	ess of the limited liability company's members. If not specified, address list their members.	2.	C's principal office add

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 SMILEY'S POCKET LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Robert Matthews Title: Manager 1/6/2025





SMILEY'S POCKET LLC
2301 S Pope Lick Rd
Louisville KY, 40299

Notice Date:	January 6, 2025
KY SoS Org. ID:	1193972

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist III Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	