ganization ID # 0863574 ate of origin KY Commonwealth ing fee \$130 Michael G. Adams, S		is, Secretary of St Kr Secr	RPF 0863574 Michael G. Adams KY Secretary of State Received and Filed	
Michael G. A Secretary of P. O. Box 7 Frankfort, KY 40 (502) 564-3 http://www.sos	StateReinstate718Reinstate602-0718For the	2/20/2024 2:54:33 PM Fee receipt: \$130.00 tement Application and tement Annual Report a years 2023 through 2024		
Exact organization name and principal office addre CINCO DE MAYO OF LEXINGTON, INC. 771 CORPORATE DR STE 1050 LEXINGTON KY 40503 Registered Agent and Registered Office Address JUAN MAGANA		agent name/of on this form. modify the add filed. Once the	The principal office address and registere agent name/office address cannot be char on this form. When reinstating, you cannot modify the addresses until the reinstatement filed. Once the reinstatement is filed, the statement of change will be filed.	
officer. If not specified, offi	l, KY 40508 S - List the name, address and title of all cur icer addresses default to the principal office ad	rrent officers. All organizations must list at least one (1 Idress. Corporations are required to list a Secretary or o	other officer serving as record	
President	AMIT DINU PATEL		864 BEN ALI DRIVE DANVILLE, KY 40422	
Treasurer	LUIS MAGANA	2850 SHAKERTOWN ROAD, DANVILLE KY 404		
Vice President	JUAN LUIS MAGANA	260 STEVENSON AVE. DAM	NVILLE, KY 40422	
Vice President County: Business size:	JUAN LUIS MAGANA Fayette Medium	260 STEVENSON AVE. DAM	NVILLE, KY 404	

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 CINCO DE MAYO OF LEXINGTON, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Adam Denson Title: Accountant 2/20/2024

Eating and Drinking Places

Business type:



CINCO DE MAYO OF LEXINGTON, INC. 2410 GREATSTONE PT SUITE 2410 LEXINGTON KY, 40504

Notice Date:February 20, 2024KY SoS Org. ID:0863574

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.	
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Dottye REV3769, Taxpayer Specialist II Email: Dottye.Roberts@ky.gov Direct: 502-564-0102	



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 02/20/2024

CINCO DE MAYO OF LEXINGTON, 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,

Samantha Tabor 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 0863574

