Organization ID# 1073674 State of origin Filing fee \$130.00__

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1073674.06

Fee Receipt: \$130.00

The principal office address and registered

modify the addresses until the reinstatement is

on this form. When reinstating, you cannot

filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.ky.gov\ftsearch or can be downloaded

agent name/office address cannot be changed

kdcoleman **LRPF**

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/4/2021 11:45 AM

RST

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 2020 through 2021

Exact limited liability company name and principal office address

CARE TRANSPORTATION, LLC

227 BRECKINRIDGE SQ **LOUISVILLE KY 40220**

Registered Agent and Registered Office Address

OMER MOHAMMED 227 Breckinridge Sq Louisville, KY 40220

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 inform	ation here (optional):	**		*		
FEN:	Name:					
Members - List	the name And address of the limit	ed liability company	's members. If not	specified, addresses d	efault to the LLC's principal office	e address Member-
managed LLCs are r	not required to list their members.			· · · · · · · · · · · · · · · · · · ·		
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The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$130.00, payable to Kentucky State Treasurer.

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

A SEA

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

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

Fax: 502-564-0058

CARE TRANSPORTATION, LLC 9205 Watterson Trail Louisville KY 40299

Notice Date: August 4, 2021 KY SoS Org. ID: 1073674

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310