Organization ID# 0845775 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0845775.06

amcray

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/1/2015 1:28 PM Fee Receipt: \$130.00

Alison Lundergan Grimes 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 2014 through 2015

KJI

Exact limited liability company name and principal office address **ACT III REALITY, LLC** 14504 MAPLE GLENN PLACE **LOUISVILLE KY 40245**

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.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Charles William French 14504 Maple Glenn Place Louisville, KY 40245



Members - List the name and address of the limited liability comp LLCs are not required to list their members.	any's members. If not specified	, addresses default to the LLC's pr	incipal office address Member-managed
CHARLES WILLIAM FRENCH			
Kimberly Stevenson Floris			
	A.C.		
The above entity was administratively dissolved on Se 2014. The undersigned states that the grounds for dis satisfies the requirements of KRS 275.295. Enclosed Under penalty of perjury, the below signed hereby autinformation pertaining to ACT III Reality, LLC to the Se	solution either did not e is a check in the amour horizes the Kentucky D ecretary of State, as red	exist or have been eliminal of \$130.00, payable to be repartment of Revenue to quired for reinstatement pu	ted, and the entity's name Kentucky State Treasurer. release any applicable tax ursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a Declara	ation of Power of Attorn	ey with the Reinstatement	t Application.
X Church Nelf	TreasureR		9-28-15
Signature of member or manager (Required)	Title	(Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 1, 2015

ACT III Reality, LLC 14504 Maple Glenn Place Louisville KY 40245

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ACT III Reality, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Michael REVY105, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7316 FAX# 502-564-0058

Kentucky Secretary of State organization number 0845775

