amcray 0719276.06 Organization ID # 0719276 **Commonwealth of Kentucky** LRPF State of origin KY **Alison Lundergan Grimes** Filing fee \$130,00 Alison Lundergan Grimes, Secretary of St Kentucky Secretary of State Received and Filed: 9/29/2015 8:58 AM Fee Receipt: \$130.00 Alison Lundergan Grimes **Reinstatement Application and** Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2014 through 2015 (502) 564-3490 http://www.sos.ky.gov The principal office address and registered agent Exact limited liability company name and principal office address name/office address cannot be changed on this **JACOB ROSS, LLC** form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the **34 PLANTATION DRIVE** reinstatement is filed, the statement of change can be SHELBYVILLE KY 40065 filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

NATHAN R. POOLE 34 PLANTATION DRIVE SHELBYVILLE, KY 40065

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

NATHAN R POOLE	34 Plantation Dr. Shelburille, KY 40065
COURTNEY S POOLE	34 Plantations Dr Shellowille Ky 40015
ADAM J FAULKNER	11123 Little Spring Blud, Louisville KY crash 40291
HEATHER M FAULKNER	11173 Little Spring Blud Louisville KY 40291

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to JACOB ROSS, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

Χ		and the second sec	nember	9.23.15
	Sign lure of member or manager (Required)		Title (Required)	Date (Required)
	MM		그는 것이 아파가 걸렸다. 그는 것같은 것이 같아.	
	\mathbf{T}			
	1			



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

September 28, 2015

JACOB ROSS, LLC 34 PLANTATION DRIVE SHELBYVILLE KY 40065

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate JACOB ROSS, 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,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0719276

