Organization ID # 0466983 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Stat

0466983.08

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 10/15/2015 3:22 PM Fee Receipt: \$115.00

RST

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 year 2015

Exact limited partnership name and if domestic, designated address or, if foreign, principal office address

DAY 99 FAMILY LIMITED PARTNERSHIP 2280 NICHOLASVILLE ROAD P. O. BOX 71 NICHOLASVILLE KY 40356

NICHOLASVILLE KY 40356



The principal office address and registered agent

name/office address cannot be changed on this

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.

form. When reinstating, you cannot modify the

Registered Agent and Registered Office Address

JIMMY DAY 1555 GROGGINS FERRY RD NICHOLASVILLE, KY 40356

General partners - List the name and address of the limited partnership's general partners. If not specified, addresses default to the partnership's designated office or principal office address.

LOWS DAY	2282 Lexington Pike PO Box 1234 Nicholasville, Ky 40340
Jimmy Day	1555 Groggins Ferry Rd Nicholasville, Ky 40356
Anthony Day	100 Sprinahouse Dr. Nicholasville, Kv. 40356
• ,	

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 362. Enclosed is a check in the amount of \$115.00, 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 DAY 99 FAMILY LIMITED PARTNERSHIP to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X	Aug Does	req. agent/manager	10/5/15
	Signature of partner (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 15, 2015

DAY 99 FAMILY LIMITED PARTNERSHIP 2280 NICHOLASVILLE RD PO BOX 71 NICHOLASVILLE, KY. 40340-0071

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **DAY 99 FAMILY LIMITED PARTNERSHIP** 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 partnership. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0466983

