ganization ID # 1306283 ate of origin KY ng fee \$130.00 M	Commonwealth of Kentuck ichael G. Adams, Secretary of	Michaol G	ary of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718	Reinstatement Applicat Reinstatement Annual For the years 2024 through	ion and Report	25 9:22:14 AM hipt: \$130.00
(502) 564-3490 http://www.sos.ky.gov			
http://www.sos.ky.gov Exact limited liability com	Dany name and principal office address MITED LIABILITY COMPANY B 1110	agent name/offic on this form. Wh modify the addres filed. Once the rei	e address cannot be chan en reinstating, you cannot ses until the reinstatement i nstatement is filed, the
http://www.sos.ky.gov <u>Exact limited liability com</u> NAOMI CINCERE LI 7659 MALL RD PME	Dany name and principal office address MITED LIABILITY COMPANY 3 1110 2 Stered Office Address	agent name/offic on this form. Wh modify the addres	e address cannot be chan en reinstating, you cannot ses until the reinstatement i nstatement is filed, the
http://www.sos.ky.gov Exact limited liability comp NAOMI CINCERE LI 7659 MALL RD PME FLORENCE KY 4104 Registered Agent and Reg Lacie Heard 7659 Mall Rd Pmb 1 Florence, KY 41042	Dany name and principal office address MITED LIABILITY COMPANY 3 1110 2 stered Office Address 110 Idress of the limited liability company's members. If not specified, ad	agent name/offic on this form. Wh modify the addres filed. Once the rei statement of char	eses until the reinstatement i nstatement is filed, the nge will be filed.

Small

Miscellaneous Retail

Signature of Authorized Representative: Lacie Heard Title: Owner 2/14/2025

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A3-010; and that the entity has taken no steps to wind up and liquidate its

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Naomi Cincere Limited Liability Company to the Secretary of State, as required for

Business size:

Business type:

business and affairs.

reinstatement pursuant to KRS 14A.7-030.

Pag	e	1	of	1
iuu				



Naomi Cincere Limit 7659 Mall Rd Pmb 1 Florence KY, 41042		Liability Company	Notice Date: KY SoS Org. ID:	February 14, 2025 1306283			
RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.						
SUMMARY							
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	2.	If you are attempting to rein of this letter to the Kentucky S notice date above. If you are a for-profit corpor Secretary of State a letter of g Unemployment Insurance. The If you are a non-profit entity tax returns with the Kentucky requirements website is: http: charity/Pages/registration.asp	Secretary of State within 3 ration, you will also need good standing from the Div eir telephone number is 50 y, please remember to file Attorney General. The ch //ag.ky.gov/family/consum	to provide the ision of 02-564-6835. a copy of your arity filing			
AGENT INFORMATION		you have any questions regardi u. gent: Angie Morris irect: 502-564-7327	ng this notice, please cont	act me. Thank			