

Organization ID # 0719485

State of origin KY

Filing fee \$220.00

## Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0719485.06

balimonos  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State

Received and Filed:

9/25/2017 2:17 PM

Fee Receipt: \$220.00

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 2010 through 2017

RST

### Exact limited liability company name and principal office address

TRUE DREAMS, LLC

PO BOX 9031

LOUISVILLE KY 40209

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

### Registered Agent and Registered Office Address

GAYANN DAY

644 PHILLIPS LN

2ND FL

LOUISVILLE, KY 40209

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**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.

GAY ANN DAY

ROBERT DAY

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$220.00, 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 TRUE DREAMS, LLC 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

Signature of member or manager (Required)

Title (Required)

Date (Required)



**DANIEL P. BORK**  
Commissioner

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

September 25, 2017

**TRUE DREAMS, LLC  
PO BOX 21356  
LOUISVILLE, KY. 40221-0356**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRUE DREAMS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Erika REV3847, Revenue Auditor II  
Pass Through Entity Branch  
501 High Street, Mail Station 52  
Frankfort, KY 40601  
Phone# (502) 564-2039  
Fax# (502) 564-0058

Kentucky Secretary of State organization number 0719485