

Organization ID # 0728186

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0728186.06

mstratton
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/24/2016 8:12 AM
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

Exact limited liability company name and principal office address

FTD OF KENTUCKY, LLC
1307 DIVISION STREET
NASHVILLE TN 37203

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/itssearch or can be downloaded from our website.

Registered Agent and Registered Office Address

CT CORPORATION SYSTEM
306 W. MAIN STREET
SUITE 512
FRANKFORT, KY 40601



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.

| | |
|-------------------------|---------------------|
| XXXXXXXXXXXX | UNIT INC MANAGEMENT |
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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 FTD OF KENTUCKY, 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 Robert Sneed
Signature of member or manager (Required)

Secretary, Unit Inc Management
Title (Required)

10-14-16
Date (Required)



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

October 21, 2016

**FTD OF KENTUCKY, LLC
1211 S MAIN STREET
MADISONVILLE, KY 42431**

Re: Request for a Letter of Good Standing

The Department of Revenue acknowledges receipt of your request for a letter of good standing for **FTD OF KENTUCKY, LLC**. Revenue records indicate that the limited liability company has not filed Kentucky Corporation Income and LLET returns.

Based on the information submitted, this office has determined that returns are not required as of the date of this letter. The Department of Revenue requests the limited liability 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,

Lauren REV3934, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7253
FAX# 502-564-0058

Kentucky Secretary of State organization number 0728186