Organization ing       KY         State of origin       KY         Wichael G. Adams       Secretary of State         Secretary of State       0923286         Michael G. Adams       Secretary of State         Secretary of State       0923286         Michael G. Adams       Secretary of State         P. 0. Box 718       Reinstatement Application and Reinstatement Annual Report For the years 2018 through 2020       RST         Exact limited liability company name and principal office address       Software address cannot be changed on this store down sock by gov       RST         Exact limited liability company name and principal office address       Software address cannot be changed on this store down sock by gov       Ref         Registered Agent and Registered Office Address       Software Brancch SUTE 2       Software Brancch Software address and educes the store address       Software address and educes address address and educes address a	State of origin       KY       Michael G. Adams, Secretary of State       0923286         Michael G. Adams       Secretary of State       0923286         Michael G. Adams       Secretary of State       0923286         P. O. Box 718       Reinstatement Application and Reinstatement Annual Report For the years 2018 through 2020       RST         Exact limited liability company name and principal office address       The protopal office address and rejectered sport for the years 2018 through 2020       RST         Exact limited liability company name and principal office address       The protopal office address and rejectered sport for MAPOR LLC       The protopal office address and rejectered sport         State BRANCH SUITE 2       SOMERSET KY 42501       The protopal office address       SomERSET KY 42501         Registered Agent and Registered Office Address       SoMERSET KY 42501       The statement of the UCharge can be declarable in a parent company's knetucky tax return as a disregarded on company's indomaton new (optional)       Mamagers - Line name And address of the time handword of the statement of the upper office address         Managers - Line name And address of the time handword of the samuel state for distretare of the statement of the states and the entity's name satisfies the requirements of KRS 2752 Enclosed as a check in the amount of St450, Dipapatie to Kentucky St3718.14-220.         The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. The undersigned states that the grounds for	Organization ID #0003385			0923286.06 Michael G. Adams Kentucky Secretary Received and Filed: 5/4/2020 11:08 AM	
Secretary of State       P. O. Box 718       Reinstatement Application and Report         Frankfort, KY 40602-0718       (502) 564-3490       For the years 2018 through 2020       RST         Exact limited liability company name and principal office address       For the years 2018 through 2020       RST         Exact limited liability company name and principal office address       The principal office address and registered agent       Reinstatement Application         PRO VAPOR LLC       Statte BRANCH       SUITE 2       The principal office address       The principal office address and registered agent         SoMERSET KY 42501       Redistered Agent and Registered Office Address       SoMERSET KY 42501       The above onthe principal office address and registered office Address         Managers - Lot me name And address of the inneed lability company's Kentucky tax return as a distegarded en company is included in a psent company's included in a psent company's included in a psent company's managers. If not specified address of data to the LUC's princes' office Address         Managers - Lot me name And address of the inneed lability company's managers. If not specified address of data to the year 2018.         The above entity was administratively dissolved an October 16, 2018 because the entity did not file its annual report for the year 2018.         The undersigned state that the grounds for dissolvion either did not exist or have been eliminated, and the entity's name satisfies the requirements of KBS 275.255 Enclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer.	Secretary of State P O. Box 718 Siguidation of the secret secr	Organization ID # 0923286 State of origin KY Filing fee \$145.00 M	Commonwealth of Kentucky Michael G. Adams, Secretary of State		Fee Receipt: \$145.00 0923286	
PRO VAPOR LLC PRO VAPOR LLC S5 SLATE BRANCH SUITE 2 SOMERSET KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and Registered Office Address SAMSON CRABITREE S5 SLATE BRANCH SUITE 2 SOMERSET, KY 42501 Registered Agent and seduress of the index latibly company's Kentucky tax return as a disregarded en company's information here (optional) FEIN Name Managers - Lost the name And address of the index latibly company's managers. If not specified, eddresses default to the LLC's principal office address DAVID J CRABITREE C000 C000 C000 C000 C000 C000 C000 C	PRO       VAPOR LCD         PRO       VAPOR LCD         State       BRANCH         SUITE 2       SOMERSET KY 42501         Registered Agent and Registered Office Address       SAMSON CRAFTREE         SAMSON CRAFTREE       SOMERSET, KY 42501         If the above company is included in a parent company's Kentucky tax return as a disregarded en company is included in a parent company's nanagers. If not specified, address of the initiatization of polymonia.         Managers - using the initiatization of initiatization of polymonia.         Managers - using the initiatization of Automation pertaining to PRO VAPOR LLC to the Secretary of State, as required for reinstatement Application.         Xmoduline of the initiatization of Power of Autometer of Autometer initiatement Application.       Secretary of Autometer of Autometer initiatement Application.         Xmoduline of the initiatizet of manager inference of manager inference of Autometer of managerinered of Autometer initini	Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490	Reinstatement An	nual Report	RST	
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FEIN	FEIN	SAMSON CRABTREE 55 SLATE BRANCH SUITE 2 SOMERSET, KY 42501		egarded en		
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 275.255. Enclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer. Under penalty of penjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information penalining to PRO VAPOR LLC to the Secretary of State, as required for reinstatement pursuant to KRS 2718.14-220. If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. X Maurid L. Crimitan Maurice	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 275.255. Enclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer. Under penalty of penjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pentaining to PRO VAPOR 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. XOut L. Crout During During During Crout During During During Title (Required) Signature of member Crimatager (Pequired)	FEINName Managers - List the name And address of	of the limited lability company's managers. If not specifie	d, addresses default to the LLC's principin'	office address	



PRO VAPOR LLC 55 SLATE BRANCH SUITE 2 SOMERSET KY 42501 
 Notice Date:
 May 4, 2020

 KY SoS Org. ID:
 0923286

RE:	Letter of Good Standing Request - Approved		
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.		
OUR DETERMINATION	We verified the following information.		
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>		
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.</li> <li>If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx.</li> </ol>		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Email: Bruce.Owens@ky.gov Direct: 502-564-2038		