Organization ID # 0988989 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0988989.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/13/2021 9:37 AM Fee Receipt: \$115.00

Michael G. Adams 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 2021

RST

Exact limited liability company name and principal office address LAW OFFICE OF MATTHEW L. COLLINS, PLLC 135 S MAIN ST LAWRENCEBURG KY 40342		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 https://web.sos.ky.gov/ffsearch or can be downloaded from our webell.
Registered Agent and Registered Office Address	and the second s	
Matthew Louis Collins		
135 S Main St		
Lawrenceburg, KY 40342 f the above company is included in a parent company's K	antijola, tav vatum an a distant	and a second
company's information here (optional):	eniucky tax return as a disregar	ded 6
FEIN: Name:		
Viembers - List the name And address of the limited liability con	apany's members. If not specified, addr	resses default to the LLC's principal office address Member-managed
LCs are not required to list their members		
		
he above entity was administratively dissolved on C he undersigned states that the grounds for dissolut equirements of KRS 275.295. Enclosed is a check i	ion either did not exist or have	e entity did not file its annual report for the year 2021 e been eliminated, and the entity's name satisfies th pable to Kentucky State Treasurer.
Jnder penalty of perjury, the below signed hereby au nformation pertaining to Law Office of Matthew L. Co KRS 271B.14-220.	ithorizes the Kentucky Depar ollins, PLLC to the Secretary	tment of Revenue to release any applicable tax of State, as required for reinstatement pursuant to
f not an officer of said entity, please provide a Decla	ration of Power of Attorney w	ith the Reinstatement Application
x Manager	OWNIN	12-8-21
Signature of member Or manager (Required)	Title (Req	uired) Date (Required)
	pulling and the second	

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

Notice Date: December 10, 2021

KY SoS Org. ID: 0988989

Law Office of Matthew L. Collins, PLLC 135 S Main St Lawrenceburg KY 40342

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310