Organization ID# 0646393 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0646393.06

2111 W WILL W 1898 11 188 11 188 **LRPF**

Michael G. Adams Kentucky Secretary of State

Received and Filed: 11/19/2020 8:40 AM Fee Receipt: \$115.00

The principal office address and registered agent

name/office address cannot be changed on this

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact limited liability company name and principal office address

Reinstatement Application and Reinstatement Annual Report For the year 2020

ROBKE EQUINE THERAPY, LLC 519 KINGSTON AVENUE LOUISVILLE KY 40214		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 or can be downloaded from our website.
Registered Agent and Registered Office Add	<u>dress</u>	FEIN (Optional)
JULIA B. BARRY		
SUITE ONE		
717 WEST MARKET STREET		
LOUISVILLE, KY 40202		
If the above company is included in a parent compa	iny's Kentucky tax return as a disregard	ent en
company's information here (optional):		
FEIN: Name:		
Members - List the name And address of the limited liab	oility company's members. If not specified, addre	esses default to the LLC's principal office address Member-managed
MARY JO ROBKE		, ,
	· .	
"	- 	
	-	
The above entity was administratively dissolved	d on October 8, 2020 because the e	entity did not file its annual report for the year 2020.
		been eliminated, and the entity's name satisfies the
roquiromanta of KDC 27E 20E. England in a d		

requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, 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 ROBKE EQUINE THERAPY, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

~ ~ /		ration of Power of Attorney with the Reinstater	ment Application	n. / /
X Thary 11.	2 Koll	Daner		1/15/20
Signature of hiember	Or manager (Required)	Title (Required)	, ·	Date (Required)

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

ROBKE EQUINE THERAPY, LLC 519 KINGSTON AVENUE LOUISVILLE KY 40214

Notice Date: November 18, 2020

KY SoS Org. ID: 0646393

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102