Organization ID # 0717393 State of origin KY Filing fee \$130

Commonwealth of Kentucky Michael G. Adams, Secretary of St

PRPF

0717393 Michael G. Adams KY Secretary of State Received and Filed

2/17/2025 11:01:10 AM Fee receipt: \$130.00

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 years 2024 through 2025

RST

Exact organization name and principal office address
D & M CORNER TAVERN, INC.
5207 MT. WASHINGTON ROAD

5207 MT. WASHINGTON ROAD LOUISVILLE KY 40229

Registered Agent and Registered Office Address

MARILYN S. JOHNSTON 12313 Spring Meadow Drive LOUISVILLE, KY 40229 The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement i filed. Once the reinstatement is filed, the statement of change will be filed.

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records

President MARILYN S JOHNSTON 12313 SPRING MEADOW DRIVE LOUISVILLE F

40229

Secretary DEANNA M MILLET 4608 SPRINGDALE CT. LOUISVILLE KY 40165

County: Jefferson

Business size: Small

Business type: Eating and Drinking Places

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to D & M CORNER TAVERN, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A7-030.

Signature of Authorized Representative: Marilyn S Johnston Title: Owner 2/17/2025

Website: www.revenue.ky.gov

D & M CORNER TAVERN, INC. 5207 MT. WASHINGTON ROAD **LOUISVILLE KY, 40229**

Notice Date:

February 17, 2025

KY SoS Org. ID: 0717393

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.
- 3. 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.

AGENT INFORMATION

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

Agent: Louis REV4836, Taxpayer Services Specialist I

Email: louis.szemethy@ky.gov

Direct: 502-564-2057



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Samantha Tabor
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0717393

