nization ID # 1324893 e of origin KY g fee \$130.00 Mic	Commonwealth of Kentucky chael G. Adams, Secretary of S	Received and	<b>y of State</b> Filed
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2024 through 20	Fee receip n anu eport	5 2:15:50 PM ot: \$130.00
TRUCKUPAYME LIMITED LIABILITY COMPANY		The principal office address and registers agent name/office address cannot be char on this form. When reinstating, you cannot modify the addresses until the reinstatement filed. Once the reinstatement is filed, the statement of change will be filed.	
egistered Agent and Regist Jerrmi Finley 1793 Costigan Dr Lexington, KY 40511			

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 TruckUPayMe Limited Liability Company to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Jerrmi Finley Title: Mr. 2/18/2025



TruckUPayMe Limit 1793 Costigan Dr Lexington KY, 40511	ed Liability Company	Notice Date: KY SoS Org. ID:	February 18, 2025 1324893
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	<ol> <li>We verified the following information.</li> <li>You are registered with the Depart</li> <li>An authorized person requested th</li> <li>You filed income and LLE tax returnation.</li> <li>You have no outstanding tax asset Collections or have a valid pay age</li> </ol>	nis letter. Irns as required, or yo essments with the Divi reement in place.	sion of
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>		e provide a copy 30 days of the to provide the <i>i</i> sion of 02-564-6835. a copy of your arity filing
AGENT INFORMATION	If you have any questions regarding to you. Agent: Angie Morris Direct: 502-564-7327	his notice, please con	tact me. Thank