| Organization ID # 0499794 Commonwealth of Kentucky<br>State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State |                                       |   |  | 0499794.06 mstra<br>LF<br>Alison Lundergan Grimes<br>Kentucky Secretary of State<br>Received and Filed:<br>10/16/2014 1:14 PM    |  |
|--|---------------------------------------|---|--|--|--|
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov    |                                       | Reinstatement Application and<br>Reinstatement Annual Report                              |  |  |  |
|  | Nemsia                                | For the year 201  |  | RST  |  |
| Exact limited liability company r<br>JOHN PERKINS, LLC<br>129 SOUTH FIRST ST.<br>RICHMOND KY 40475                                       | name and principal o                  | office address  | The principal office addr<br>name/office address can<br>form. When reinstating, yu<br>addresses until the reinsta<br>reinstatement is filed, the s<br>filed online at <u>app.sos.ky.</u><br>downloaded from our webs | not be changed on this<br>u cannot modify the<br>ement is filed. Once the<br>tatement of change can be<br>lov/ftsearch or can be |  |
|  |                                       |   |  |  |  |
| Registered Agent and Registered  | d Office Address                      | 19  |  | <b>H</b> 1   |  |
| JOHN PERKINS   |                                       |   |  |  |  |
| 129 SOUTH FIRST ST<br>RICHMOND, KY 40475   |                                       |   |  |  |  |
| Nembers - List the name and address of th  | ne limited liebility serves at a      | 11 - 12 <sup>10</sup> - 12<br>12 <u>19</u> - 12<br>12 <sup>10</sup> - 1 <sup>10</sup> - 1 |  |  |  |
| LOS are not required to list their members.  | The infined liability company's me    | embers. If not specified, address   | ses def  |  |  |
| OHN A PERKINS  |                                       |   |  |  |  |
|  |                                       |   |  |  |  |
|  |                                       |   |  |  |  |
|  | · · · · · · · · · · · · · · · · · · · |   |  |  |  |
| he above entity was administratively<br>014. The undersigned states that the<br>atisfies the requirements of KRS 275                     | 5.295. Enclosed is a ch               | n either did not exist or<br>leck in the amount of \$1                                    | have been eliminated, and 15.00, payable to Kentucky   | the entity's name<br>State Treasurer   |  |
|  | aned hereby authorizes                | s the Kentucky Departm<br>tary of State, as require                                       | ent of Revenue to release  | any applicable tax   |  |
| nder penalty of perjury, the below signation pertaining to JOHN PERK   |                                       |   |  |  |  |
| nder penalty of perjury, the below signation pertaining to JOHN PERK   | provide a Declaration of              | f Power of Attorney with  | the Reinstatement Applica  | tion.  |  |
| nder penalty of perjury, the below signation pertaining to JOHN PERK   | provide a Declaration of              | f Power of Attorney with<br>MEMBER<br>Title (Require                                      |  | tion.<br><i>10/10/14</i><br>Date (Required)  |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br><i> D  0  14</i><br>Date (Required)   |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br>10/10/14<br>Date (Required)   |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br><i>ID/ID/I4</i><br>Date (Required)  |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br>10/10/14<br>Date (Required)   |  |
| Inder penalty of perjury, the below sign<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                 | provide a Declaration of              | MEMBER  |  | tion.<br>10/10/14<br>Date (Required)   |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br><i>ID/ID/I4</i><br>Date (Required)  |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br>10/10/14<br>Date (Required)   |  |
| nder penalty of perjury, the below sign<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                  | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br><u>ID/ID/IH</u><br>Date (Required)  |  |
| nder penalty of perjury, the below sig<br>formation pertaining to JOHN PERK<br>not an officer of said entity, please p                   | provide a Declaration of              | MEMBER<br>Title (Require  |  | tion.<br>10/10/14<br>Date (Required)   |  |



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

October 16, 2014

## JOHN PERKINS, LLC **129 SOUTH FIRST ST. RICHMOND KY 40475**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate JOHN PERKINS, LLC has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Darrell REVX023, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0499794

