Organization ID # 0859594 State of origin KY Filing fee \$175.00

ommonwealth of Kentuc' Michael G. Adams, Secretary of Sta

0859594.09

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Michael G. Adams Kentucky Secretary of State Received and Filed:

2/26/2025 1:50 PM 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 2021 through 2025

RST

Exact organization name and principal office address

LAKELAND COMMUNITY, INC. 1125 VILLAGE RD #98 BENTON KY 42025 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/bussearchnprofile/search.aspx

Registered Agent and Registered Office Address

Charles S. Foster 205 N. 6th St. Mayfield, KY 42066

If the above company is included in a parent company's Kentucky fax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

company s intorna	ation here (optional).		
FEIN:	Name:		
		f all current officers. All organizations must list at least one (1) officer, even in the case of a sole address. Corporations are required to list a Secretary or other officer serving as records custodian	
Sole Officer	DANIEL J. PINKOS		
Secretary	DAN PINKOS		
	the name And address of all directors (if directors default to the principal office add	oplicable).No listing of directors Is verification that the corporation has dispensed with directors. If	Not
DANIEL J. PINI	KOS		
		n October 18, 2021 because the entity did not file its annual report for the year	

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 271B.14-210. Enclosed is a check in the amount of \$175.00, 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 Lakeland Community, Inc. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X	OWTER	ग्रेया २५
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.ky.gov

Lakeland Community, Inc. 1125 Village Rd #98 **Benton KY, 42025**

Notice Date:

February 26, 2025

KY SoS Org. ID:

0859594

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

Date: 02/26/2025	
Lakeland Community, Inc.	
Dear Sir/Madam:	
	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 0859594

