Organization ID # 0409995 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0409995.08

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 10/16/2018 3:28 PM Fee Receipt: \$130.00

Alison Lundergan Grimes 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 2017 through 2018

Exact limited partnership name and	if domestic.	designated	address	or, if foreign,
principal office address				

The principal office address and registered agent

principal office address COLE FAMILY LIMITED PARTNE P.O. BOX 715 MT. STERLING KY 40353	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	Address	FEIN (Optional)
RHEBA N. COLE		
1271 CAMARGO ROAD		
PO BOX 715		
MT. STERLING, KY 40353		
If the above company is included in a parent co	mpany's Kentucky tax return as a disregarded	
company's information here (optional):		
FEIN: Name:		
General partners - List the name and address principal office address.	of the limited partnership's general partners. If not speci	fied, addresses default to the partnership's designated office or
RHEBA N. COLE		

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 362. Enclosed is a check in the amount of \$130.00, 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 COLE FAMILY LIMITED PARTNERSHIP 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	Relactor	M	Pol.	Dunce	10/13/18
	Signature of pa	irtner (Re	quired)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

COLE FAMILY LIMITED PARTNERSHIP P.O. BOX 715 MT. STERLING KY 40353

Notice Date: October 16, 2018 KY SoS Org. ID: 0409995

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.

CONTACT INFORMATION

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

Agent: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099