ganization ID # 1307897 Ite of origin KY ng fee \$115.00 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	Received and	y of State
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 year 2024	<u>n anu</u>	ee receipt: \$115.00
Exact limited liability company name and principal office address NANL LLC 1829 GARRARD ST. COVINGTON KY 41014-1432 Registered Agent and Registered Office Address Simret Abraham		The principal office address and register agent name/office address cannot be cha 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.	
1829 Garrard St. Covington, KY 41014-14 f the above company is included in a p parent company's information here (op Name: NANL LLC	parent company's Kentucky tax return as a disregarded entity c	or a subsidiary, p	lease provide the
County: Business size: Business type:	KENTON Small Business Services	B	

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 NANL LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: SIMRET ABRAHAM Title: OWNER 11/15/2024



NANL LLC 1829 Garrard St. Covington KY, 41014-1432

Notice Date:	November 15, 2024
KY SoS Org. ID:	1307897

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	We verified the following information.	
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
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>	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327	