Organization ID # State of origin Filing fee \$130.0	KY		onwealth of Kentu dams, Secretary	-	0955198.09 dwilliam NPRI Michael G. Adams Kentucky Secretary of State Received and Filed:
P. O. Box 718 Frankfort, KY 40602-0718 Reins		atement Application and tatement Annual Report the years 2021 through 2022		5/19/2022 7:27 AM Fee Receipt: \$130.00	
Exact organization m ELITE DEMO PO BOX 879 OLIVE HILL I	TEAM, INC.	ipal office addres	<u>S</u>	agent name/offi on this form. W modify the addre filed. Once the m statement of cha	ffice address and registered ce address cannot be changed /hen reinstating, you cannot asses until the reinstatement is einstatement is filed, the ange can be filed online at <u>https:</u> <u>Wiffsearch</u> or can be downloaded
company's information h	SON DR DRIVE KY 41164 included in a par		icky tax return as a disregarded e	ntity or a subsidiar	A please provide the parent
Principal Officers -	· List the name, ad	dress and title of all c	urrent officers. All organizations must lis ss. Corporations are required to list a S	- st at least one (1) offi ecretary or other offic	cer, even in the case of a sole officer. ser serving as records custodian
President	ALLEN V		L M.N. STR.		
Vice President	KAITLYN	WILSON	N IN 100		
Secretary	HUNTER	LAYNE		A CARLER AND	
Treasurer	DALTON	INGLES	New Charles		
Directors - Non-profit c the principal office address.	orporations must h	ave at least three (3) d	rectors. All directors of the non-profit m	ust be listed. If Not s	pecified, director addresses default to
DALTON INGLES			Carl A Reaching		
KAITLYN WILSON	1149261	<u> </u>	Washing and	a file	
ALLEN WILSON	<u>N MC dia</u>	No redress raw	Will have the second	20 <u> </u>	with it
- <u></u>	<u> </u>	<u>AL Amerika</u>		En J. A. State	
	<u>. N. M. C</u>	<u> A S-2</u>		<u>A_{</u>	
2021. The undersigner satisfies the requirem	ed states that the the states of KRS 2	ne grounds for dis 73.3181. Enclosed	ober 18, 2021 because the en solution either did not exist or is a check in the amount of \$	have been elimin 130.00, payable t	ated, and the entity's name o Kentucky State Treasurer.
			orizes the Kentucky Departme a Secretary of State, as require		

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

5 DRELD Х (Signature of officer Or chairman of the board (Required) Title (Required) Ĵ Date (Required)



ELITE DEMO TEAM, INC. PO BOX 879 OLIVE HILL KY 41164
 Notice Date:
 May 18, 2022

 KY SoS Org. ID:
 0955198

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.		
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Megan REVY099, Taxpayer Services Specialist II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310		