Organization ID # 0671623 State of origin KY Filing fee \$175.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0671623.06

Fee Receipt: \$175.00

dwilliams LRPF

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/4/2021 11:55 AM

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 2017 through 2021

NO

Date (Required)

| Yact limited | liability company | name and b | rincipal office | address : |
|--------------|-------------------|------------|-----------------|-----------|

2-3 ZONE, LLC 1127 ATHENIA DRIVE LEXINGTON KY 40504 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, online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

| Registered Agent and Registered Office Ad | idress | FEIN (Optional | D |
|---|---|--|---|
| WILLIAM FREY 1024 DELLA DRIVE LEXINGTON, KY 40504 | | | |
| If the above company is included in a parent comp company's information here (optional): FEIN: Name: | any's Kentucky tax return as a disreg | ard | ent |
| Members - List the name And address of the limited lie LLCs are not required to list their members. | ability company's members. If not specified, a | ddresses default to the LLC's princip | al office address., Member-managed |
| WILLIAM FREY | | | · |
| | | | |
| | | | |
| | | | |
| | | | |
| The above entity was administratively dissolve The undersigned states that the grounds for di requirements of KRS 275.295. Enclosed is a contract that the state of the state | lissolution either did not exist or ha | ave been eliminated, and th | ne entity's name satisfies the |
| Under penalty of perjury, the below signed he information pertaining to 2-3 ZONE, LLC to th | reby authorizes the Kentucky Dep e Secretary of State, as required t | artment of Revenue to rele for reinstatement pursuant | ase any applicable tax to KRS 271B.14-220. |
| If not an officer of said entity, please provide a | a Declaration of Power of Attorney | with the Reinstatement Ap | plication. |
| x /// ₂ | Chiroman | | 78 Teb 11 |

Title (Required)

Call w/ quechous 859 559 9010

Signature of member Or manager (Required)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

2-3 ZONE, LLC 1127 ATHENIA DRIVE **LEXINGTON KY 40504** Notice Date: March 4, 2021 KY SoS Org. ID: 0671623

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289