Organization ID # 0291900 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/20/2016 1:18 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.kv.gov

Reinstatement Application and **Reinstatement Annual Report** For the year 2016

RST

Exact professional service corporation name and principal office address

ANDY ELLIOTT, D.M.D., P.S.C. 196 KY HWY 3188 P. O. BOX 1381 **MARTIN KY 41649**

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ANDY ELLIOTT 196 KY HWY 3188 PO BOX 1381 **MARTIN, KY 41649**



		t officers. All organizations must list at least ons are required to list a Secretary or other		
Sole Officer	OLIN ANDREW ELLIOTT I	L		
Directors - List the name an director addresses default to the p		lo listing of directors is verification that the	corporation has dispensed v	with directors. If not specified,
Shareholders - List the na	ame and address of the corporation's sha	areholders. If not specified, shareholder add	resses default to the princip	pal office address.
OLIN ANDREW ELLIO				
The undersigned states to	hat the grounds for dissolution	ber 1, 2016 because the entity of either did not exist or have been in the amount of \$115.00, payal	ı eliminated, and the	entity's name satisfies the
Under penalty of perjury, information pertaining to 271B.14-220.	the below signed hereby author ANDY ELLIOTT, D.M.D., P.S.C	orizes the Kentucky Department (c. to the Secretary of State, as re	of Revenue to releas equired for reinstatem	e any applicable tax nent pursuant to KRS
If not an officer of said en	ntity, please provide a Declarati	on of Power of Attorney with the	Reinstatement Appli	ication.
X VL G	irman of the board (Required)	Provident Title (Required)		Date (Required)

Certificate of Professional Service Corporation

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

I hereby certify that I am authorized to submit this annual report, and Jesclare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

[ei e of president of the professional service corporation (Required)



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/20/2016

ANDY ELLIOTT, D.M.D., P.S.C.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division 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,

Richard Lemay
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0291900





DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

October 20, 2016

ANDY ELLIOTT, D.M.D., P.S.C. 196 KY HWY 3188 P. O. BOX 1381 MARTIN KY 41649

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ANDY ELLIOTT, D.M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jerry REV3782, Revenue Auditor II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7370

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0291900

