

Organization ID # 0666707
State of origin KY
Filing fee \$190.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0666707.09 vmler
PRPF
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/9/2020 11:59 AM
Fee Receipt: \$190.00

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 2015 through 2020

RST

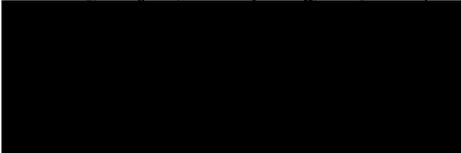
Exact organization name and principal office address

BMS MEDICAL, INC.
2107 WOODFORD PLACE
LOUISVILLE KY 40205

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

Registered Agent and Registered Office Address

SIMON BERRY
ONE RIVERFRONT PLAZA
SUITE 1200
401 W. MAIN STREET
LOUISVILLE, KY 40202



If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	PAUL STEIDEN	_____
Treasurer	PAUL STEIDEN	_____
Vice President	JAMES MILLER	_____

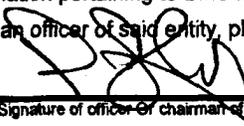
Directors - List the name And address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

PAUL STEIDEN	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 271B.14-210. Enclosed is a check in the amount of \$190.00, 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 BMS MEDICAL, INC. 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 	<u>President</u>	<u>2/11/20</u>
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

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

BMS MEDICAL, INC.
2107 WOODFORD PLACE
LOUISVILLE KY 40205

Notice Date: April 9, 2020
KY SoS Org. ID: 0666707

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: Megan REVY099, Taxpayer Services Specialist I
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310



**COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
P.O. Box 948
FRANKFORT, KY 40602-0948
(502) 564-2272
<https://kewes.ky.gov>
UITax@KY.GOV

Date: 04/09/2020

BMS MEDICAL, INC.

Dear Sir/Madam:

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

The Office 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
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0666707