Organization ID # 056 State of origin KY Filing fee \$115.00	<sup>3608</sup> Commonwealth of Kei Michael G. Adams, Secreta	
Michael G. Adam Secretary of Stat P. O. Box 718 Frankfort, KY 40602- (502) 564-3490 http://www.sos.ky.g	Reinstatement Applic Reinstatement Applic Reinstatement Annu For the year 202	cation and al Report
		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 <u>https:</u> <u>\web.sos.ky.goviftsearch</u> or can be downloaded from our website.
LEXINGTON, KY If the above company is include company's information here (or	CE RKWAY STE 210 10509 led in a parent company's Kentucky tax return as a disregarde	edt
Principal Officers - List t If not specified, officer addresses	ne <b>name, address and title</b> of all current officers. All organizations mu default to the principal office address. Corporations are required to lis	ust list at least one (1) officer, even in the case of a sole officer.
	GREGORY SHAWN VANCE	······································
Secretary	ANNA DEAN VANCE	
Vice President	WALTER N SHEPHERD	
Directors - List the name And specified, director addresses defa	I address of all directors (if applicable).No listing of directors Is verific ult to the principal office address.	ation that the corporation has dispensed with directors. If Not

**GREGORY SHAWN VANCE** 

WALTER N SHEPHERD

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address. GREGORY SHAWN VANCE

WALTER N SHEPHERD

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$115.00, 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 VANCE & SHEPHERD, DMDS, MS, P.S.C. 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 Drall	OWNER	12/110/2)
Signature of officer Or chairman of the board (Required)	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 I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.



VANCE & SHEPHERD, DMDS, MS, P.S.C.
3285 BLAZER PARKWAY
STE 110
LEXINGTON KY 40509

Notice Date: December 28, 2021 KY SoS Org. ID: 0563608

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>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038	



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 12/28/2021

VANCE & SHEPHERD, DMDS, MS, P.S.C.

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 0563608

