

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 275.295. Enclosed is a check in the amount of \$235.00, 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 NUTRITION & YOU HEALTH CENTRE L.L.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.

Xtan 7	u	member		8-28-17
Signature of member of man	nager (Required)	Title (Required))	Date (Required)
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NUTRITION & YOU HEALTH CENTRE L.L.C. 713 N MAIN ST STE 4 NICHOLASVILLE KY 40356		Notice Date: KY SoS Org. ID:	September 7, 2018 0649112	
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	 An authorized person requested th You filed income and LLE tax ret from filing. You have no outstanding tax asser Collections or have a valid pay ag 	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		
WHAT YOU NEED TO DO	 If you are attempting to reinstate copy of this letter to the Kentucky of the notice date above. If you are a for-profit corporatie the Secretary of State a letter of ge Unemployment Insurance. Their te If you are a non-profit entity, pl your tax returns with the Kentuck filing requirements website is: http: consumerprotection/charity/Pages 	on, you will also no ood standing from t elephone number is ease remember to f y Attorney General p://ag.ky.gov/family	within 30 days eed to provide the Division of 5 502-564-6835. ile a copy of . The charity	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Jessica REV3999, Revenue Program Officer Email: Jessica.Roberts@ky.gov Direct: 502-564-1056			