

Organization ID # 0533214

State of origin KY

Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

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LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
6/5/2017 3:10 PM
Fee Receipt: \$160.00

Alison Lundergan Grimes
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 2014 through 2017**

RST

Exact limited liability company name and principal office address

PHARMDALE, LLC
3239 COMBS FERRY ROAD
WINCHESTER KY 40391

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

TIMOTHY DALE HOLBROOK
899 CYPRESS POINT WAY
LEXINGTON, KY 40509

If the above company is included in a parent company's Kentucky tax return as a dis-
company's information here (optional):

FEIN: _____ Name: _____

FEIN (Optional)

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

TIMOTHY DALE HOLBROOK

SHERRY DARLENE HOLBROOK

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$160.00, 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 PHARMDALE, LLC 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

Signature of member or manager (Required)

Title (Required)

Date (Required)

Manager

6/5/17



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

June 5, 2017

**PHARMDALE, LLC
3239 COMBS FERRY ROAD
WINCHESTER KY 40391**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PHARMDALE, LLC** 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0533214