anization ID # 1323114 e of origin KY g fee \$115.00 Micl	Commonwealth of Kentucky nael G. Adams, Secretary of St	1323114 Michael G. KY Secreta Received an	ry of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718	Reinstatement Application Reinstatement Annual Re For the year 2024	Fee recei	24 12:18:00 PM ipt: \$115.00 RST
(502) 564-3490 http://www.sos.ky.gov	T Of the year 2024		
http://www.sos.ky.gov	y name and principal office address THEALTH PLLC LN THEALTH PLLC THEALTH PLLC THEALTH PLLC THEALTH PLLC	ent name/office this form. Whe odify the address ed. Once the rein	address cannot be ch en reinstating, you canno ses until the reinstateme statement is filed, the
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http://www.sos.ky.gov Exact limited liability compar KENTUCKY MINDBODY 3596 HARPER WOODS LEXINGTON KY 40515 Registered Agent and Registe Benjamin G Williams 3596 Harper Woods Ln LEXINGTON, KY 40515	y name and principal office address THEALTH PLLC LN red Office Address ss of the limited liability company's members. If not specified, addresses	ent name/office this form. Whe dify the address d. Once the rein atement of chang	ge will be filed.

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A3-010; and that the entity has taken no steps to wind up and liquidate its

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to KENTUCKY MINDBODY HEALTH PLLC to the Secretary of State, as required for

Signature of Authorized Representative: Benjamin G Williams Title: Agent 12/3/2024

Small

Health Services

Business size: Business type:

business and affairs.

reinstatement pursuant to KRS 14A.7-030.

Page 1 of 1



KENTUCKY MINDBODY HEALTH PLLC 3596 Harper Woods Ln LEXINGTON KY, 40515

Notice Date:December 3, 2024KY SoS Org. ID:1323114

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.	
	 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 from filing. 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	 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. 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. 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. 	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327	