

Organization ID # 0792815
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0792815.06 amcray LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/18/2015 12:06 PM
Fee Receipt: \$115.00

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 year 2015

RST

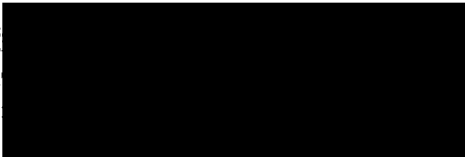
Exact limited liability company name and principal office address

THOMPSON DENTAL, PLLC
116 6TH STREET
CENTRAL CITY KY 42330

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/ftssearch or can be downloaded from our website.

Registered Agent and Registered Office Address

J Ashley Thompson
116 6th Street
Central City, KY 42330



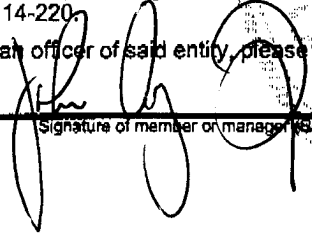
Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

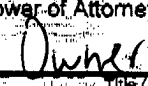
JOHN ASHLEY THOMPSON

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 275.295. 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 Thompson Dental, PLLC 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)

12/15/2015 _____
Date (Required)



DANIEL P. BORK
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

December 18, 2015

Thompson Dental, PLLC
511 W, Main St
Powderly, KY. 42367

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Thompson Dental, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Brad REVX069, Taxpayer Services Specialist II
Division of Corporation Tax
State Office Building,
501 High Street, Mail Station 52
Frankfort, KY 40601
502-564-8139 ext.42055
FAX# 502-564-0058

Kentucky Secretary of State organization number 0792815