## Organization ID # 1216415 State of origin KY Filing fee \$130.00 Mich

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

LRPF Michael G. Adams Kentucky Secretary of State Received and Filed: 7/31/2024 11:32 AM Fee Receipt: \$130.00

1216415.06

Michael G. Adams 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 2023 through 2024

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Exact limited liability company name and principal office address ALPHA HOME CARE KY, LLC 312 S 4TH ST STE 700 LOUISVILLE KY 40202 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> web.sos.ky.gov/bussearchiprofile/search.aspx

Registered Agent and Registered Office Address

I the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional): FEIN 92-1292342 Name: Vitasya Healthcare Holdings, LLC

 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.

 Eliezer Avtzon
 5500 Interstate N Pkwy, Suite 250, Atlanta GA, 30342

The above entity was administratively dissolved on October 4, 2023 because the entity did not maintain its registered agent or registered office address in this state for sixty (60) days or more. 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 \$130.00, 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 ALPHA HOME CARE KY, 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.

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X		CEO		07/29/2024
	Signature of member Or manager (Required)		Title (Required)	Date (Required)

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ALPHA HOME CARE KY, LLC	
312 S 4th St Ste 700	
Louisville KY, 40202	

Notice Date:	July 31, 2024
KY SoS Org. ID:	1216415

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	<ol> <li>We verified the following information.</li> <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>		
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist III Email: MeganD.Roberts@ky.gov Direct: 502-564-7310		