

Organization ID # 0535627

State of origin KY

Filing fee \$205

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0535627

Michael G. Adams

KY Secretary of State

Received and Filed

12/7/2023 5:21:00 PM

Fee receipt: \$205.00

PRPF

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 2017 through 2023

RST

Exact organization name and principal office address

PROSTHODONTIX PLUS INC
P.O. BOX 459
PHOENIX MD 21131

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 will be filed.

Registered Agent and Registered Office Address

HENRY LEWIS FOURIE
111 STEVEN COURT
TAYLORSVILLE, KY 40071

Principal Officers - List the **name, address and title** of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records manager.

President HENRY LEWIS FOURIE 111 STEVEN COURT TAYLORSVILLE KY 40071

The above entity was administratively dissolved on 10/9/2017 because the entity did not file its annual report for the year 2017. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to PROSTHODONTIX PLUS INC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Henry Fourie** Title: **Owner** 12/7/2023



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

PROSTHODONTIX PLUS INC
P.O. BOX 459
PHOENIX MD, 21131

Notice Date: December 7, 2023
KY SoS Org. ID: 0535627

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.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. 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

1. **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.
2. **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.
3. **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>.

**CONTACT
INFORMATION**

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Dottye REV3769, Taxpayer Specialist II
Email: Dottye.Roberts@ky.gov
Direct: 502-564-0102



**COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
P.O. Box 948
FRANKFORT, KY 40602-0948
(502) 564-2272
<https://kewes.ky.gov>
UITax@KY.GOV

Date: 12/07/2023

PROSTHODONTIX PLUS INC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Samantha Tabor
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0535627