

Organization ID # 0657228

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Elaine N. Walker, Secretary of State

0657228.06

dcornish

LRPF

Elaine N. Walker, Secretary of State

Received and Filed:

10/6/2011 3:15 PM

Fee Receipt: \$115.00

Elaine N. Walker
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 2011

RST

Exact limited liability company name and principal office address

R. DONALD HEINE ORAL & MAXILLOFACIAL SURGERY, LLC
BAYLEY SQUARE
SUITE #5
2850 LONE OAK ROAD
PADUCAH KY 42003

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

R. DONALD HEINE, II
BAYLEY SQUARE
SUITE #5
2850 LONE OAK ROAD
PADUCAH, KY 42003

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.

R DONALD HEINE, DMD 2850 LONE OAK RD, STE 5, PADUCAH, KY 42003

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 R. DONALD HEINE ORAL & MAXILLOFACIAL SURGERY, 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)

OWNER / MGR MEMBER

Title (Required)

Date (Required)

9/26/11



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2011

**R. DONALD HEINE ORAL & MAXILLOFACIAL SURGERY, LLC
BAYLEY SQUARE
SUITE #5
2850 LONE OAK ROAD
PADUCAH KY 42003**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **R. DONALD HEINE ORAL & MAXILLOFACIAL SURGERY, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Darrell Young Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2127
FAX# 502-564-3392

Kentucky Secretary of State organization number 0657228