COMMUNICATION OF INCHILLORY ·State of origin Filing fee \$220.00 Alison Lundergan Grimes, Secretary of St 0413530.09

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Alison Lundergan Grimes

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 years 2006 through 2013

Kentucky Secretary of State Received and Filed: 12/3/2013 11:47 AM Fee Receipt: \$220.00

Exact organization name and principal office address

SOUTH CENTRAL DENT, INC. JOHN HELVESTON 1799 CLAYPOOL ALVATON RD. **BOWLING GREEN KY 42103**

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

JOHN HELVESTON III 1751 SCOTTSVILLE ROAD **STE. 12 BOWLING GREEN, KY 42104**



		ations are required to list a Secretary or other of	ficer serving as records custodian
Sole Officer	JOHN HELVESTON, III		
Directors - List the name and director addresses default to the pr	` ,).No listing of directors is verification that the cor	rporation has dispensed with directors. If not specified,
2006. The undersigned sta	ates that the grounds for diss	solution either did not exist or have b	did not file its annual report for the year been eliminated, and the entity's name 0.00, payable to Kentucky State Treasurer.
			Revenue to release any applicable tax ired for reinstatement pursuant to KRS
If not an officer of said ent	ity, please provide a Declara	tion of Power of Attorney with the Re	einstatement Application.
X ////	man of the board (Required)	Presided Title (Required)	Dec 2 NP JOI S Date (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 12/03/2013

SOUTH CENTRAL DENT, INC.

Dear Sir/Madam:

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

The Division 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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0413530





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

December 3, 2013

SOUTH CENTRAL DENT, INC. JOHN HELVESTON 1799 CLAYPOOL ALVATON RD. BOWLING GREEN KY 42103

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SOUTH CENTRAL DENT, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Baba Ceesay, Revenue Auditor Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2039 FAX# 502-564-3392

Kentucky Secretary of State organization number 0413530

