

Organization ID # 0705730

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Trey Grayson, Secretary of State

0705730.09

bschell
PRPF

Trey Grayson, Secretary of State

Received and Filed:

1/5/2011 8:28 AM

Fee Receipt: \$115.00

Trey Grayson
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 2010

RST

Exact organization name and principal office address

HARLAN FAMILY DENTISTRY, INC.
3464 COLONIAL AVE.
APT. B8
ROANOKE VA 24018

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 sos.ky.gov/research or can be downloaded from our website.

Registered Agent and Registered Office Address

CLINT MCQUEEN
118 S. FIRST ST
HARLAN, KY 40831

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.

President CLINT BRANDON MCQUEEN

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors.

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 271B.14-210. 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 HARLAN FAMILY DENTISTRY, INC. 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 Clint B. McQueen, P.D. Esq.
Signature of officer or chairman of the board (Required)

Owner
Title (Required)

12-17-10
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

DON RICHARDSON
Executive Director

January 4, 2011

**HARLAN FAMILY DENTISTRY, INC.
3464 COLONIAL AVE.
APT. B6
ROANOKE VA 24018**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HARLAN FAMILY DENTISTRY, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2009, 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,

Jessica Honican, Revenue Auditor II
Division of Corporation Tax
501 High Street, 6th Floor, Sta.69
Frankfort, KY 40601
502-564-2169
FAX# 502-564-3392

Kentucky Secretary of State organization number 0705730



**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

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 01/03/2011

HARLAN FAMILY DENTISTRY, INC.

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0705730