Organization ID # 0853232 Commonwealth of Kentucky State of origin Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta

0853232.06

Dcornish **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 5/3/2018 10:40 AM Fee Receipt: \$145.00

The principal office address and registered agent

name/office address cannot be changed on this

form. When reinstating, you cannot modify the

RST

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 2016 through 2018

Exact limited liability company name and principal office address **DENTAL CREATIONS, LLC**

5054 KY. RT. 680 WEST **MINNIE KY 41651**

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

Adam D Daniels 5054 Ky. Rt. 680 West Minnie, KY 41651 If the above company is included in a parent compan company's information here (optional): FEIN: Name:		return as a disi	regarded e				
Members - List the name and address of the limited liabilit LLCs are not required to list their members.	y company's membe	ers. If not specified	, addresses d	efault to the LLC's	principal office addre	ss Member-m	anaged
ADAM DANIELS	5054	Ky. Rt.	680	West	Minnie,	Ky.	41651
The above entity was administratively dissolved The undersigned states that the grounds for diss requirements of KRS 275.295. Enclosed is a che	solution either d	lid not exist or	have bee	n eliminated,	and the entity's i		
Under penalty of perjury, the below signed herek information pertaining to Dental Creations, LLC is	by authorizes the to the Secretary	e Kentucky D of State, as	epartment equired fo	t of Revenue t or reinstateme	o release any ap nt pursuant to K	oplicable ta RS 271B.1	x 4-220.
If not an officer of said entity, please provide a D	eclaration of Po	ower of Attorn	ey with the	e Reinstateme	ent Application.		
X Hoam VanielS Signature of member or manager (Required)		OWN.	(Required)		<u> </u>	- 2 - 2 Date (Required)	2018

Website: www.revenue.kv.gov Phone:

502-564-8139 502-564-0058 Fax:

Dental Creations, LLC 5054 Ky. Rt. 680 West **Minnie KY 41651**

Notice Date: May 3, 2018 KY SoS Org. ID: 0853232

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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056