Organization ID # 0926141 State of origin KY Filing fee \$130.00 <b>Alisor</b>	Commonwealth of Kentue n Lundergan Grimes, Secret	-	0926141.06 Alison Lundergan Grimes Kentucky Secretary of State	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicati Reinstatement Annual F For the years 2017 through	Received and Filed: 2/22/2018 12:35 PM Fee Receipt: \$130.00		
Exact limited liability company name and principal office address BUECHEL REHABILITATION & OCCUPATIONAL THERAPY CENTER, LLC 4113 BARDSTOWN ROAD SUITE 101A LOUISVILLE KY 40218		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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and Registered ( DENNIS J STILGER 6000 BROWNSBORO PAR SUITE H LOUISVILLE, KY 40207 If the above company is included in a pa company's information here (optional): FEIN: Name:		FEIN (Option	al)	
Members - List the name and address of the LLCs are not required to list their members	he limited liability company's members. If not specified, addresses de	fault to the LLC's princ	ipal office address Member-managed	

HUSAM QAISI	4113 Barchtonia Rd. Saite 101A, Louisville, Ky clo218
HUSAN QAISSI	4113 Burdstownad. Suitelol & Louisrille Ky. 40218
Hasan	

The above entity was administratively dissolved on October 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 275.295. Enclosed is a check in the amount of \$130.00, 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 BUECHEL REHABILITATION & OCCUPATIONAL THERAPY CENTER, LLC to the Secretary of State, as required for reinstatement pyrsuant to KBS-271B.14-220.

If not an officer of said entity please provide a Declaration of Power of Attorney with the Reinstatement Application.

Χ	·ACC	Manager	2.95018
	Signature of member or manager (Required)	Title (Required)	Date (Required)
	H.	-	



BUECHEL REHABI THERAPY CENTER 4113 BARDSTOWN SUITE 101A LOUISVILLE KY 40	ŔŎĂĎ	Notice Date: KY SoS Org. ID:	February 22, 2018 0926141		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>				
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>				
CONTACT INFORMATION	you.				