

Organization ID # 0613349

State of origin KY

Filing fee \$190.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0613349.06

dcornish
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/13/2012 12:21 PM
Fee Receipt: \$190.00

KST

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 2007 through 2012

Exact limited liability company name and principal office address

TAURUS WELLNESS CENTER LLC

~~2300 GREENE WAY~~

~~SUITE 300 A~~

~~LOUISVILLE KY 40220~~

10300 Linn station rd
Suite #225
Louisville, KY 40223

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/tsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

AMAR L. KHADEY

~~2300 GREENE WAY~~

~~SUITE 300 A~~

~~LOUISVILLE, KY 40220~~

10300 Linn station rd
Suite #225
Louisville, KY 40223

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.

AMAR L. KHADEY

The above entity was administratively dissolved on November 1, 2007 because the entity did not file its annual report for the year 2007. 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 \$190.00, 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 TAURUS WELLNESS CENTER 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)

Member Owner

Title (Required)

3/8/12

Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

March 13, 2012

**TAURUS WELLNESS CENTER LLC
10300 LINN STATION RD
SUITE #225
LOUISVILLE KY 40223**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TAURUS WELLNESS CENTER 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,

Christina Owens, Revenue Auditor
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40620
502-564-7339
FAX# 502-564-3392

Kentucky Secretary of State organization number 0613349