

0900052.06 balimonos LRP
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/27/2017 11:21 AM
Fee Receipt: \$130.00

Organization ID # 0900052
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

**Reinstatement Application and
Reinstatement Annual Report**
For the years 2015 through 2016

RST

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

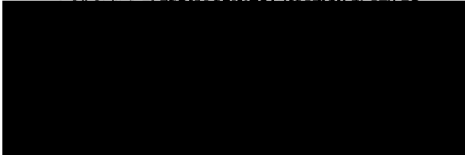
Exact limited liability company name and principal office address

HOPKINSVILLE KIDNEY CARE, PLLC
210 BURLEY AVENUE
HOPKINSVILLE KY 42240

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/research or can be

Registered Agent and Registered Office Address

CT CORPORATION SYSTEM
306 W. MAIN STREET, SUITE 512
FRANKFORT, KY 40601



17-2198839

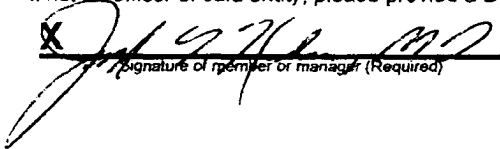
Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

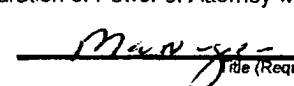
Patricia Shehane 210 Burley Avenue, Hopkinsville, KY 42240
Rodney Holliman 210 Burley Avenue Hopkinsville, KY 42240

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 HOPKINSVILLE KIDNEY CARE, PLLC 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.

 _____
Signature of member or manager (Required)

 _____
Title (Required)

10/26/2016
Date (Required)



DANIEL P. BORK
Commissioner

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

March 27, 2017

**HOPKINSVILLE KIDNEY CARE, PLLC
210 BURLEY AVENUE
HOPKINSVILLE KY 42240**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOPKINSVILLE KIDNEY CARE, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Brad REVX069, Taxpayer Services Specialist II
Division of Corporation Tax
State Office Building,
501 High Street, Mail Station 52
Frankfort, KY 40601
502-564-8139 ext.42055
FAX# 502-564-0058

Kentucky Secretary of State organization number 0900052