Organization ID # 0876653 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0876653.09

The principal office address and registered agent

name/office address cannot be changed on this

Michael G. Adams

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490

http://www.sos.ky.gov

RYAN N BROWN, DDS, MSD, PSC

Exact professional service corporation name and principal office address

Reinstatement Application and Reinstatement Annual Report For the year 2020

Kentucky Secretary of State Received and Filed: 11/5/2020 9:14 AM Fee Receipt: \$115.00

	ERCIAL DRIVE		form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the
SOMERS	ET KY 42501		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			FEIN (Optional)
Ryan Brov	vn		
	ercial Drive		
	KY 42501	-14	4.4
company's informatic		icky tax return as a disregarde	
	 List the name, address and title of all curreness default to the principal office address. Corporati 		at least one (1) officer, even in the case of a sole officer. If not rother officer serving as records custodian
President	RYAN N. BROWN		
Secretary	RYAN N. BROWN		
	name And address of all directors (if applicable). Note to the principal office address.	No listing of directors Is verification th	at the corporation has dispensed with directors. If Not specified,
Shareholders - Li RYAN N. BROWN		reholders. If not specified, shareholde	er addresses default to the principal office address.
The undersigned st requirements of KR	tates that the grounds for dissolution of S 271B.14-210. Enclosed is a check	either did not exist or have t in the amount of \$115.00, p	
Under penalty of pe information pertaini 271B.14-220.	erjury, the below signed hereby authoing to RYAN N BROWN, DDS, MSD,	rizes the Kentucky Departm PSC to the Secretary of Sta	nent of Revenue to release any applicable tax ate, as required for reinstatement pursuant to KRS
If not an officer of s	aid entity, please provide a Declaration	on of Power of Attorney with	the Reinstatement Application.
X	***************************************	OWNER	10 24 2020
Signature of office	Or chairman of the board (Required)	Title (Require	ed) Date (Required)
) Certificate of	Professional Service Cor	poration

I, president of said corporation, certify that all the shareholders, Not less than half of the directors, And all officers other than secretary And treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 And a copy of such annual

I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.

report has been filed with the regulating board that licenses the shareholders described in this certificate.

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

RYAN N BROWN, DDS, MSD, PSC 23 Commercial Drive Somerset KY 42501

Notice Date:

November 4, 2020

KY SoS Org. ID: 0876653

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
 - 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 11/04/2020

RYAN N BROWN, DDS, MSD, PSC

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0876653

