

Organization ID # 0957555
State of origin KY
Filing fee \$160

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0957555
Michael G. Adams
KY Secretary of State
Received and Filed

7/15/2024 1:06:44 PM

Fee receipt: \$160.00

Michael G. Adams
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 2021 through 2024**

RST

Exact limited liability company name and principal office address

RIVER VALLEY DENTAL PLLC
399 W. MAPLE LEAF ROAD
MAYSVILLE KY 41056

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 will be filed.

Registered Agent and Registered Office Address

T. CHAD THOMPSON
621 W. MAIN STREET
UNIT 203
LEXINGTON, KY 40508

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.

WILLIAM DANIEL THOMPSON 399 W. MAPLE LEAF ROAD, MAYSVILLE, KY 41056

County:	Mason
Business size:	Small
Business type:	Health Services

The above entity was administratively dissolved on 10/18/2021 because the entity did not file its annual report for the year 2021. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to RIVER VALLEY DENTAL PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Daniel Thompson** Title: **Doctor Owner** 7/15/2024



RIVER VALLEY DENTAL PLLC
399 W. MAPLE LEAF ROAD
MAYSVILLE KY, 41056

Notice Date: July 15, 2024
KY SoS Org. ID: 0957555

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>.

AGENT INFORMATION If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist III
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310