Organization ID # 1111657 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Fee Receipt: \$115.00

kdcoleman

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/24/2022 3:04 PM

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 year 2021

RST

Exact limited liability company name and principal office address

HOPE'S HEALTHCARE, LLC 150 COLLEGE STREET P.O. BOX 52 **CROFTON KY 42217**

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 https: lweb.sos.ky.goviftsearch or can be downloaded

Registered Agent and Registered Office Address --HOPE R SMITH 150 COLLEGE STREET

Crofton, KY 42217

f-the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, piease provide the parent company's information here (optional):

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.. Membermanaged LLCs are not required to list their members. Paducah, KY 42001 4626 Quail Hollow Dr Hope Smith

The above entity was administratively dissolved on October 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 275.295. Enclosed is a check in the amount of \$115.00, 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 HOPE'S HEALTHCARE, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

not an A ffic	er of said entity, please provide a D	eclaration of Power of Attorney with the Reinstatement App	lication.
	Jan Hr	OWNER	10/25/21
Signa	turifo meleber or makager (Required)	Title (Required)	Date (Required)

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

January 13, 2022

1111657

Notice Date:

KY SoS Org. ID:

HOPE'S HEALTHCARE, LLC 150 COLLEGE STREET **P.O. BOX 52** Crofton KY 42217

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

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.

CONTACT INFORMATION

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

Agent: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038