

Organization ID # 0618563
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0618563.06 amcray LRP
Elaine N. Walker, Secretary of State
Received and Filed:
9/21/2011 2:07 PM
Fee Receipt: \$115.00

Elaine N. Walker
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 2011**

RST

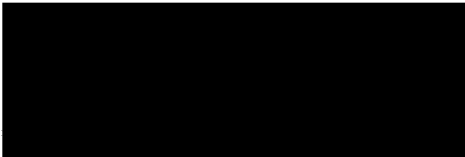
Exact limited liability company name and principal office address

KENTUCKY MEDICAL RESEARCH CENTER LLC
354 WALLER AVENUE
LEXINGTON KY 40504

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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

JOHN PAPPAS
354 WALLER AVENUE
SUITE 110
LEXINGTON, KY 40504



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.

JOHN PAPPAS

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 KENTUCKY MEDICAL RESEARCH 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  MANAGER 9/16/2011
Signature of member or manager (Required) Title (Required) 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

September 21, 2011

**KENTUCKY MEDICAL RESEARCH CENTER LLC
354 WALLER AVENUE
LEXINGTON KY 40504**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KENTUCKY MEDICAL RESEARCH CENTER LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Theresa Collins, Taxpayer Specialist II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7288
FAX# 502-564-0058

Kentucky Secretary of State organization number 0618563