Organization ID # 1268863 State of origin KY Filing fee \$130

## Commonwealth of Kentucky Michael G. Adams, Secretary of St

LRPF

1268863 Michael G. Adams KY Secretary of State Received and Filed

2/17/2025 8:40:47 AM Fee receipt: \$130.00

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 Report

For the years 2024 through 2025

**RST** 

Exact limited liability company name and principal office address

MOORE HOPE THERAPY LLC 214 COLDSTREAM DR FRANKFORT KY 40601

Registered Agent and Registered Office Address

Natalie J Moore 101 St. Clair Street Suite 4 Frankfort, KY 40601 The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement ifiled. Once the reinstatement is filed, the statement of change will be filed.

County: Franklin Business size: Small

Business type: Personal Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 MOORE HOPE THERAPY LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A7-030.

Signature of Authorized Representative: Natalie J Moore Title: Owner 2/17/2025

Website: www.revenue.ky.gov

MOORE HOPE THERAPY LLC 112 Fox Tail Ln Frankfort KY, 40601

Notice Date:

February 17, 2025

KY SoS Org. ID:

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.

You are registered with the Department of Revenue.

An authorized person requested is letter.

You filed income and LLE tax seturns as required, or you are exempt from filing.

You have no outstanding assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain wirrent 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 nde date above.

> 2. If you are a for-profit corporation, you will also need to provide the erretary of State a letter of good standing from the Division of Interpolation in the surface of t

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

Agent: Louis REV4836, Taxpayer Services Specialist I

Email: louis.szemethy@ky.gov

Direct: 502-564-2057