## Organization ID # 1195166 State of origin KY Filing fee \$115

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

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 2023

## Exact limited liability company name and principal office address FOX SPORTS MEDICINE AND THERAPY CENTER, LLC 1380 ESTATES HILL CIR LEXINGTON KY 40511

The principal office address and registerec agent name/office address cannot be chan; 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

Greg Fox 1380 Estates Hill Cir Lexington, KY 40511

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 Fox Sports Medicine and Therapy Center, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Jamie Fox Title: Partner 11/28/2023

1195166 Michael G. Adams KY Secretary of State Received and Filed 11/28/2023 3:54:26 PM

Fee receipt: \$115.00

RST



Fox Sports Medicine and Therapy Center, LLC 1380 Estates Hill Cir Lexington KY, 40511		Notice Date: KY SoS Org. ID:	November 28, 2023 1195166
RE:	Letter of Good Standing Request - Approved		
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.		
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>		
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinsta of this letter to the Kentucky Secr notice date above.</li> <li>If you are a for-profit corporation Secretary of State a letter of good Unemployment Insurance. Their te If you are a non-profit entity, pl tax returns with the Kentucky Attor requirements website is: http://ag charity/Pages/registration.aspx.</li> </ol>	retary of State within 3 on, you will also need d standing from the Div elephone number is 50 lease remember to file orney General. The ch	30 days of the to provide the <i>i</i> ision of 02-564-6835. a copy of your arity filing
CONTACT 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		