Organization ID # 0980267 State of origin KY Filing fee \$115.00

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

0980267.06

dwilliams **LRPF** 

Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 3/11/2021 6:49 AM Fee Receipt: \$115.00

RST

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 2020

Exact limited liability company name and principal office address MT. VERNON PARTIALS AND DENTURES LLC **PO BOX 1140 571 RICHMOND ST MOUNT VERNON KY 40456** 

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

JESSICA COFFEY 5390 SCENIC VISTA SOMERSET, KY 42501

company's information here (optional):

If the above company is included in a parent company's Kentucky tax return as a disregard

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. JESSICA COFFEY Old Somerset - Stanford Eubank

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 Mt. Vernon Partials and Dentures 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. Signature of member Or manager (Required) Title (Required)



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

Mt. Vernon Partials and Dentures LLC Po Box 1140 571 Richmond St Mount Vernon KY 40456 Notice Date: March 10, 2021 KY SoS Org. ID: 0980267

**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.

# CONTACT INFORMATION

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

Agent: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289