Organization ID # 0991667 State of origin KY Filing fee \$115.00

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

0991667.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

11/6/2020 11:44 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
MCREYNOLDS PHYSICAL THERAPY PLLC
1430 SOUTH MAIN ST SUITE 1
BROWNSVILLE KY 42210

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

in the second of	Control of the second	downloaded from our website.	document of our po
Registered Agent and Registered Office Add	<u>dress</u>	FEIN (Ontional)	•
Lauren Elise McReynolds		·	والرواعة مضور
75 River Birch Loop Smiths Grove, KY 42171			
If the above company is included in a parent compa company's information here (optional):  FEIN: Name:	ny's Kentucky tax return as a disre	garde	<u>t</u> .
Members - List the name And address of the limited liab	oility company's members. If not specified,	addresses default to the LLC's principal office a	ddress Member-managed
LAUREN ELISE MCREYNOLDS	75 River Birch Loop	Smiths Grave, Ky 4217	<u> </u>
,			
		S. A. C.	
The above entity was administratively dissolved The undersigned states that the grounds for dis requirements of KRS 275.295. Enclosed is a cl	ssolution either did not exist or	have been eliminated, and the entit	y's name satisfies the
Under penalty of perjury, the below signed here information pertaining to McReynolds Physical 271B.14-220.	eby authorizes the Kentucky De Therapy PLLC to the Secretary	partment of Revenue to release an of State, as required for reinstaten	y applicable tax nent pursuant to KRS
If not an officer of said entity, please provide a	Declaration of Power of Attorne	y with the Reinstatement Application	n.
X Van	<i>ouner</i>		2/2020
Signature of member Or manager (Required)	Title	(Required)	Date (Required)

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

McReynolds Physical Therapy PLLC 1430 South Main St Suite 1 Brownsville KY 42210

Notice Date:

November 5, 2020

KY SoS Org. ID: 0991667

Letter of Good Standing Request - Approved

SUMMARY

RE:

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
  - 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310