Organization ID # 0616570 State of origin KY Filing fee \$205.00	Commonwealth of Kentucky Michael G. Adams, Secretary of	State Michael G. Adams Kentucky Secretary of State	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2016 through 202	port KSI	
Exact limited liability company r LOUISVILLE NEUROPS 13293 O'BANNON STAT LOUISVILLE KY 40223	YCHOLOGY, LLC on TION WAY mo file sta	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 <u>https:</u> <u>\web.sos.ky.gov\ftsearch</u> or can be downloaded from our website	
Registered Agent and Registered MICHAEL H CECIL 13293 O'BANNON STAT LOUISVILLE, KY 40223 If the above company is included in a company's information here (optiona FEIN: Name:	FION WAY a parent company's Kentucky tax return as a disregarded entity or	a subsidiary, please provide the parent	

the limited liability company's members. If not specified, addresses default to the LLC's principal office address. managed LLCs are not required to list their members.

MICHAEL CECIL

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 \$205.00, 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 LOUISVILLE NEUROPSYCHOLOGY, 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.

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Signature of member Or manager (Required)

owner president Title (Required)

02/14/2022 Date (Required)



## LOUISVILLE NEUROPSYCHOLOGY, LLC 13293 O'BANNON STATION WAY LOUISVILLE KY 40223

Notice Date:February 14, 2022KY SoS Org. ID:0616570

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	We verified the following information.	
	<ol> <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 reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.</li> <li>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.</li> <li>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.</li> </ol>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102	