				0521474.09 dwilliams	
Organization ID # 0521474Commonwealth of KentuckyState of originKYFiling fee \$115.00Michael G. Adams, Secretary of State				Michael G. Adams Kentucky Secretary of State Received and Filed: 1/5/2022 9:13 AM Fee Receipt: \$115.00	
Michael G. Adam Secretary of Stat P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.	718 Reinstate Reinstate	ment Applica ement Annua For the year 2021		RST	
		al office address	agent name/office on this form. Who modify the addres filed. Once the rein statement of chan	ce address and registered a address cannot be changed en reinstating, you cannot ses until the reinstatement is instatement is filed, the ge can be filed online at <u>https:</u> itsearch or can be downloaded	
company's information here (	AN WEBB ET 02 ed in a parent company's Kentucky ta	· ·	entity or a subsidiary,	please provide the parent	
	e name, address and title of all current o		list at least one (1) office	er, even in the case of a sole officer.	
If not specified, officer addresse President	default to the principal office address. Co CHRISTINA JORDAN WEBB	rporations are required to list a	Secretary or other office	r serving as records custodian	
Vice President	CHRISTINA JORDAN WEBB				
Secretary	INDA C. JORDAN				
Treasurer	INDA C. JORDAN				
Directors - List the name An specified, director addresses def	address of all directors (if applicable).No It to the principal office address.	listing of directors Is verification	on that the corporation ha	is dispensed with directors. If Not	
CHRISTINA JORDAN W	BB				
Shareholders - List the na CHRISTINA JORDAN W	e and address of the corporation's share BB	holders. If not specified, share	holder addresses default	to the principal office address.	
2021. The undersigned s	nistratively dissolved on October tes that the grounds for dissoluti of KRS 271B.14-210. Enclosed i	ion either did not exist or	have been elimina	ted, and the entity's name	
	e below signed hereby authorize HRISTINA JORDAN WEBB, DMD				

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

× Christin Charden Weilt	President Owner	-12 17 2		
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)		
Certificate of Professional Service Corporation				

I, president of said corporation, certify that all the shareholders, Not less than half of the directors, And all officers other than secretary And treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 And a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am authorized to submit this annual report. And I declare under penalty of perjury under the laws of Kentucky that the forgoing Is true And correct as of today.



## CHRISTINA JORDAN WEBB, DMD, P.S.C. 4330 13TH STREET ASHLAND KY 41102

Notice Date: December 29, 2021 KY SoS Org. ID: 0521474

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: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289			



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 12/29/2021

CHRISTINA JORDAN WEBB, DMD, P.S.C.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0521474

