Organization ID # 1102575 State of origin Filing fee \$115.00

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

1102575.06

Fee Receipt: \$115.00

dwilliams **LRPF**

Kentucky Secretary of State Received and Filed: 11/17/2021 6:02 AM

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 2021

R5T

Exact limited liability company name and principal office address HONEYBEE BALM THERAPY, PLLC

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the

361 TUNNEL HILL ROAD ELIZABETHTOWN KY 42701	addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at https://web.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address	FFIN (Ontional)
DEBRA BETH SCHAPIRO	
361 TUNNEL HILL ROAD ELIZABETHTOWN, KY 42701	
If the above company is included in a parent company's Kentucky tax return as a disregard	ent
company's information here (optional): FEIN Name: Lbra Schappro LPC	
FEIN Name: Olbra Schapiro, LPC =	<u> </u>
Members - List the name And address of the limited liability company's members. If not specified, address LLCs are not required to list their members.	ses default to the LLC's principal office address Member-managed
Honey Bee Balm Therapy PLLC	
<u> </u>	
<u> </u>	
TI 1 000 100 100 100 100 100 100 100 100	
The above entity was administratively dissolved on October 18, 2021 because the e The undersigned states that the grounds for dissolution either did not exist or have be	ntity did not file its annual report for the year 2021. heen eliminated, and the entity's name satisfies the
requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable	ble to Kentucky State Treasurer.
Under penalty of perjury, the below signed hereby authorizes the Kentucky Departm	nent of Revenue to release any applicable tax
information pertaining to HONEYBEE BALM THERAPY, PLLC to the Secretary of St	tate, 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.

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

Fax: 502-564-0058

HONEYBEE BALM THERAPY, PLLC 213 CLAY AVE #1 **LEXINGTON KY 40502**

Notice Date:

November 16, 2021

KY SoS Org. ID: 1102575

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 you.

Agent: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038