

Organization ID # 0961380  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0961380.09 jclark  
PRPF  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/28/2022 3:06 PM  
Fee Receipt: \$115.00

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

RST

Exact organization name and principal office address

PALMORE WELLNESS, INC.  
1521 MEDICAL AVENUE  
SHELBYVILLE KY 40065

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 <https://web.sos.ky.gov/ftsearch> or can be downloaded

Registered Agent and Registered Office Address

ALFRED L. PALMORE  
1521 MEDICAL AVENUE  
SHELBYVILLE, KY 40065

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	ALFRED L. PALMORE
Vice President	STEVEN LADDEN
Secretary	JEANNIE LADDEN
Treasurer	ALFRED L. PALMORE

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 271B.14-210. 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 PALMORE WELLNESS, INC. 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.

X Alfred L. Palmore  
Signature of officer Or chairman of the board (Required)

PRESIDENT  
Title (Required)

12-9-21  
Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**PALMORE WELLNESS, INC.**  
**1521 MEDICAL AVENUE**  
**SHELBYVILLE KY 40065**

Notice Date: January 27, 2022  
KY SoS Org. ID: 0961380

**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



**COMMONWEALTH OF KENTUCKY  
OFFICE OF UNEMPLOYMENT INSURANCE**

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

Date: 01/26/2022

PALMORE WELLNESS, INC.

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,

Samantha Tabor  
unknown

Kentucky Secretary of State organization number 0961380