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Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/8/2020 8:23 AM 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

Certificate of Existence

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LAKER DENTAL, LLC

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The Secretary of State hereby cancels the certificate of dissolution issued on October 8, 2020. The effective date of reinstatement is December 8, 2020.

I further certify that LAKER DENTAL, LLC is a limited liability company duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of organization is November 17, 2010, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of December, 2020.



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Michael G. Adams Secretary of State Commonwealth of Kentucky 0775681

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Michael G. Adams Secretary Of State Filings Division P.O. Box 718 Frankfort, KY 40602-0718 0775681 IMPORTANT NOTICE

NOTICE Keep this copy for your records

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at <u>www.sos.ky.gov</u>. If you would like to request copies of the document from our office, please download the Records Request Form at <u>www.sos.ky.gov</u> and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

LAKER DENTAL, LLC 54 IMAGING CENTER SOMERSET KY 42503