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

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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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,

**EQUINE DENTAL SERVICES, INC.**

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 effective date of reinstatement is June 15, 2022.

I further certify that EQUINE DENTAL SERVICES, INC. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is December 17, 2018, 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 15<sup>th</sup> day of June, 2022.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky



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

**1041983**  
**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

**[www.sos.ky.gov](http://www.sos.ky.gov)**. If you would like to request copies of the document from our office, please download the Records Request Form at **[www.sos.ky.gov](http://www.sos.ky.gov)** and submit to our Records department.

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

**EQUINE DENTAL SERVICES, INC.**  
**P.O. BOX 91**  
**LAWRENCEBURG KY 40342**