

Organization ID # 0966185

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

0966185.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/2/2017 1:43 PM
Fee Receipt: \$115.00

Alison Lundergan Grimes
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 2017

RST

Exact limited liability company name and principal office address

UNION COUNTY FAMILY DENTAL PLLC
114 N. BRADY STREET
MORGANFIELD KY 42437

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

LAURA HANCOCK JONES
970 WALLIE CLEMENTS ROAD
WAVERLY, KY 42462

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: _____

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

Laura Hancock Jones

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 275.295. 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 UNION COUNTY FAMILY DENTAL PLLC 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 Laura Hancock Jones
Signature of member or manager (Required)

owner, Union County Family Dental PLLC
Title (Required)

10/20/17
Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

November 2, 2017

**UNION COUNTY FAMILY DENTAL PLLC
114 N. BRADY STREET
MORGANFIELD KY 42437**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **UNION COUNTY FAMILY DENTAL PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Rada REV6015, Taxpayer Services Specialist II
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 52
Frankfort, KY 40601
Phone# (502) 564-7336
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0966185