	Commonwealth of Kentucky ael G. Adams, Secretary of St	Received an	ry of State Id Filed
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the year 2024	Fee recei	24 8:16:17 AM pt: \$115.00
Exact limited liability company ALC OCCUPATIONAL TO 7487 CALVARY RD CAMPBELLSVILLE KY 4	DOL BOX, PLLC	ent name/office this form. Whe odify the address	ce address and registered address cannot be chan en reinstating, you cannot ses until the reinstatement statement is filed, the ge will be filed.
Registered Agent and Register Amanda Lynn Cecil 7487 Calvary Rd	ALTH OF		
Campbellsville, KY 42718	WE WE		

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to ALC Occupational Tool Box, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Amanda L Cecil Title: Owner 12/5/2024



ALC Occupational Tool Box, PLLC	
7487 Calvary Rd	
Campbellsville KY, 42718	

Notice Date:	December 5, 2024
KY SoS Org. ID:	1181085

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist III Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	