Organization ID# 1103986 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1103986.06

ADevine LRPF

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

11/2/2021 11:27 AM Fee Receipt: \$115.00

The principal office address and registered

RST

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

Exact limited liability company name and principal office address

AMS DENTAL, PLLC 1800 CATTLE PATH

agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is **LEXINGTON KY 40509** filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.kv.gov\ftsearch or can be downloaded

Registered Agent and Registered Office Address

Name:

Alharith Shalash 1800 Cattle Path Lexington, KY 40509

FEIN:

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):

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.. Membermanaged LLCs are not required to list their members. 624 N. Broadway, Lexington, KY 40508 Shalash Alharith

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 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 AMS 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.

Member/President Title (Required) Signature of member Or manager (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

AMS Dental, PLLC 624 N. Broadway Lexington KY 40508 Notice Date:

November 2, 2021

KY SoS Org. ID: 1103986

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.
- 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: Cory REV4079, Revenue Auditor I

Email: Cory.Johnson@ky.gov Direct: (502) 564-7370