Organization ID # 0758287 State of origin Filing fee

KY

**Commonwealth of Kentucky** \$115.00 Elaine N. Walker, Secretary of State 0758287.09

dcornish **PRPF** 

Elaine N. Walker, KY Secretary of State

Received and Filed: 12/16/2011 4:03 PM Fee Receipt: \$115.00

Elaine N. Walker 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 2011

**RST** 

**Exact organization name and principal office address LMSS INC** 1553 MEADE CT APT 6 **LEXINGTON KY 40509** 

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

AMITA PATEL 1553 MEADE CT APT 6 LEXINGTON, KY 40509



| President  |  |  | · · · · · · · · · · · · · · · · · · ·              |  |
|--|--|--|--|--|
| Vice-President   |  |  |  |  |
| Secretary  |  |  | d.   |  |
| Treasurer  |  |  |  |  |
| <b>Directors</b> - List the name director addresses default to t |  | olicable).No listing of directors is verifica  | ation that the corporation has dis                 | pensed with directors. If not specified,   |
|  |  |  |  |  |
|  |  |  | · · · · · · · · · · · · · · · · · · ·              |  |
|  |  | \$ 44<br>  | <u> </u>   |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2011. The undersigne   | d states that the grounds fo                             | on September 10, 2011 becau<br>or dissolution either did not ex<br>Enclosed is a check in the am | ist or have been elimina                           | its annual report for the year<br>ted, and the entity's name<br>e to Kentucky State Treasurer. |
| Under penalty of perjuinformation pertaining                     | ry, the below signed hereby<br>to LMSS INC to the Secret | y authorizes the Kentucky De<br>ary of State, as required for re                                 | partment of Revenue to<br>einstatement pursuant to | release any applicable tax<br>o KRS 271B.14-220.   |
| If not an officer of said  | entity, please provide a De                              | claration of Power of Attorne  | y with the Reinstatemen                            | t Application.   |
| x Viren  | dra. Palel.  | Owr  | ies  | 11-11-11   |



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

December 16, 2011

LMSS INC 1513 RUSSELL CAVE RD LEXINGTON KY 40505

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LMSS INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0758287





## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

**Steven L. Beshear** Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

| Date: 12/16/2011 |                                 |  |
|------------------|---------------------------------|--|
| LMSS INC         |                                 |  |
| Dear Sir/Madam:  |                                 |  |
|                  | KRS 14A 7-030(1)(f) CERTIFICATE |  |

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Courtney Hackworth
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0758287

