Organization ID # 0707688
State of origin KY

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

0707688.06

amcray LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/2/2017 3:45 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
GEOFFREY WILSON, LCSW, PLLC
501 DARBY CREEK DRIVE
SUITE 11
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

GEOFFREY WILSON 501 DARBY CREEK DRIVE SUITE 11 LEXINGTON, KY 40509

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

EIN:_____ Name:_

. d			
ed			

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.				
GEOFFREY DAVID WILSON	principal onice address.			

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 GEOFFREY WILSON, LCSW, 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.

Signature of member or manager (Required)

Signature of member or manager (Required)

Title (Required)

Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

November 2, 2017

GEOFFREY WILSON, LCSW, PLLC 501 DARBY CREEK DRIVE SUITE 11 LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **GEOFFREY WILSON**, **LCSW**, **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 0707688

