

Organization ID # 0730588
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0730588.06 dcornish LRPF
Elaine N. Walker, Secretary of State
Received and Filed:
11/15/2011 10:30 AM
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 limited liability company name and principal office address

LOUISVILLE DENT REPAIR, LLC
9908 STONEHENGE WAY
LOUISVILLE KY 40241

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/search or can be downloaded from our website.

Registered Agent and Registered Office Address

TODD MCLEMORE
9908 STONEHENGE WAY
LOUISVILLE, KY 40241



Members - List the name and address of the limited liability company's members. If not a member, please check the box. Member-managed LLCs are not required to list their members.

TODD P MCLEMORE _____

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 LOUISVILLE DENT REPAIR, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-228.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X Todd McLamore member 11-9-11
Signature of member or manager (Required) Title (Required) Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

November 15, 2011

**LOUISVILLE DENT REPAIR, LLC
9908 STONEHEDGE WAY
LOUISVILLE KY 40241**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LOUISVILLE DENT REPAIR, LLC** 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Kevin Miller
Kevin T. Miller, Auditor
Division of Corporation Tax
Kentucky Department of Revenue
501 High Street, Mail Station 52
Frankfort, KY 40601
Phone 502-564-7316 Fax 502-564-0058
Email kevin.miller@ky.gov

Kentucky Secretary of State organization number 0730588