Organization ID # 0873388 State of origin KY Filing fee \$115.00 Alison	Commonwealth of Ke Lundergan Grimes, Se	-	0873388.06 Alison Lundergan Grim Kentucky Secretary of S	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Appl Reinstatement Ann For the year 20	ual Report	Received and Filed: 11/13/2019 3:11 PM Fee Receipt: \$115.00	r
Exact limited liability company nar MAIN STREET MENTAL HI 543 MAIN ST. SHELBYVILLE KY 40065		name/office add form. When rein addresses until th reinstatement is	fice address and registered ag ress cannot be changed on thi stating, you cannot modify the re reinstatement is filed. Once the filed, the statement of change ca <u>p.sos.ky.gov/fitsearch</u> or can be our website.	is le In be
company's information here (optional): FEIN: Name:	FITTS rent company's Kentucky tax return as a disrega			nt
Members - List the name And address of the LLCs are not required to list their members.	he limited liability company's members. If not specified, add	dresses default to the LLC's pr	incipal office address Member-i	nanaged
SAMANTHA BOTTOM GRIFFITTS	<u>3</u>	· · · · · · · · · · · · · · · · · · ·	- -	
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		- 4.s		

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 MAIN STREET MENTAL HEALTH LLC 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.

Х Ouner Tritt Signature of member Or manager (Required) Title (Required) Required



MAIN STREET MENTAL HEALTH LLC 543 MAIN ST. SHELBYVILLE KY 40065

 Notice Date:
 November 13, 2019

 KY SoS Org. ID:
 0873388

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.	
SUMMARY		
OUR DETERMINATION	We verified the following information.	
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Tonja REV3883, Taxpayer Services Specialist I Email: Tonja.Lilly@ky.gov Direct: 502-564-7289	



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