Organization ID # 0403993 State of origin Filing fee \$130.00

Michael G. Adams

Secretary of State

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0403993.09

dwilliams

**PRPF** Michael G. Adams

**Reinstatement Application and Reinstatement Annual Report** For the years 2020 through 2021

**Kentucky Secretary of State** Received and Filed: 2/1/2021 12:46 PM Fee Receipt: \$130.00

P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact organization name and principal office address SIEBERT MEDICAL TECHNOLOGIES, INC. 1221 LONG RIDGE TRACE **LOUISVILLE KY 40245** 

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 web	osite.
Registered Agent and Registered Office Address			FEIN (Optional)	
JOSEPH LE				
	RIDGE TRACE			
	<del>E, KY 40245</del>	r's Kentucky tax return as a disre	rordo	at
company's information		s Remucky tax return as a disre	garde	iic.
FEIN:				
specified, officer addresses	default to the principal office address.	Corporations are required to list a Secr	st list at least one (1) officer, even in the etary or other officer serving as records o	case of a sole officer. If not ustodian
Sole Officer	JOSEPH LEE SIEBI	ERT		
Secretary	CHRISTINE FALLO	N-SIEBERT		
			<u></u>	
<del></del>	<del></del>			
	me And address of all directors (if ap the principal office address.	oplicable).No listing of directors is verification	ation that the corporation has dispensed	with directors. If Not specified,
The above entity was	administratively dissolved	on October 8, 2020 because t	ne entity did not file its annual	report for the year 2020.
requirements of KRS	es that the grounds for diss 271B.14-210. Enclosed is a	olution either did not exist or r a check in the amount of \$130	ave been eliminated, and the control of the control	entity's name satisties the Treasurer.
Under penalty of perj information pertaining to KRS 271B.14-220	g to SIEBERT MEDICAL TE	y authorizes the Kentucky De CHNOLOGIES, INC. to the Se	partment of Revenue to release ecretary of State, as required fo	e any applicable tax or reinstatement pursuant
If not an officer of sai	id entity, please provide a D	eclaration of Power of Attorne	y with the Reinstatement Appli	cation.
X Jee	Sul	PRESIDEN	T	1-24-2021
Signature of officer C	r chairman of the board (Required)	Title (	Required)	Date (Required)

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

SIEBERT MEDICAL TECHNOLOGIES, INC. 11601 CEDARDALE ROAD **ANCHORAGE KY 40223** 

Notice Date: February 1, 2021

KY SoS Org. ID: 0403993

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
  - 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



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <a href="https://kewes.ky.gov">https://kewes.ky.gov</a> UITax@KY.GOV

Date: 02/01/2021

SIEBERT MEDICAL TECHNOLOGIES, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0403993

