ganization ID # 0578494 Commonwealth of Kentucky ate of origin KY ling fee \$130.00 Alison Lundergan Grimes, Secretary of Sta			Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/5/2019 2:47 PM Fee Receipt: \$130.00	
D O Dov 719	instatement Application and einstatement Annual Report For the years 2018 through 2019		RST	
Exact limited liability company name and prin RICHARD WARREN BRINKMAN MD, 1711 DESTINY LANE SUITE 118 BOWLING GREEN KY 42104 Registered Agent and Registered Office Addu RICHARD W. BRINKMAN 1711 DESTINY LANE SUITE 118 BOWLING GREEN, KY 42104 If the above company is included in a parent compan company's information here (optional): FEIN:	PLLC name/office add form. When reins eddresses unlit reinstatement is f filed online at app downbaded from	.303.ky.goyfitsaz our website	nanged on this modify the filled. Once the t of change can be <u>arch</u> or can be	
Members - List the name and address of the limited liabilit LLCs are not required to list their members.	y company's members. If not specified, addresses default to the LLC's pri	ncipal office addre	ss., Member-managed	
2808620688006686006				
Allure Medical Spa, P.L.L.C.	8180 26 Mile Rd., Suite 300, Shelby	Township,	MI 48316	

0578494.06

amcray

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 \$130.00, 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 RICHARD WARREN BRINKMAN MD, 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.

X	$\leq$	Member	February, 2019
	Signature of member or manager (Required)	Title (Required)	Date (Required)

Allure Medical Spa, P.L.L.C., Member By: Charles D. Mok, Trustee

Its: Member



RICHARD WARREN BRINKMAN MD, PLLC 1711 DESTINY LANE SUITE 118 BOWLING GREEN KY 42104		Notice Date: KY SoS Org. ID:	February 5, 2019 0578494		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>				
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstatic copy of this letter to the Kentuck of the notice date above.</li> <li>If you are a for-profit corporation the Secretary of State a letter of general Unemployment Insurance. Their</li> <li>If you are a non-profit entity, performing requirements website is: ht consumerprotection/charity/Page</li> </ol>	y Secretary of State ion, you will also no good standing from t telephone number is lease remember to f cy Attorney General tp://ag.ky.gov/famil	within 30 days eed to provide the Division of s 502-564-6835. iile a copy of . The charity		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Brad REVX069, Taxpayer Services Specialist II Email: BradleyL.Butcher@ky.gov Direct: 502-564-2055				