

Organization ID # 0644694

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Elaine N. Walker, Secretary of State

0644694.06

dcornish

LRPF

Alison Lundergan Grimes, KY Secretary

Received and Filed:

1/3/2012 12:56 PM

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

RECOVERY WORKS DRUG AND ALCOHOL REHABILITATION CENTER

LLC

2843 BROWNSBORO RD #212
LOUISVILLE KY 40206

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

MATTHEW A. RICE
3107 CINCINNATI ROAD
GEORGETOWN, KY 40324

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

DANIEL A BORDERS

MATTHEW A RICE

202 Loganberry Court Louisville Ky 40207
3903 Stone Hollow Court Louisville, KY 40299

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 RECOVERY WORKS DRUG AND ALCOHOL REHABILITATION CENTER 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.

X Matthew A. Rice
Signature of member or manager (Required)

CEO
Title (Required)

12-28-2011
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

January 3, 2012

**RECOVERY WORKS DRUG AND ALCOHOL REHABILITATION CENTER LLC
PO BOX 6807
LOUISVILLE KY 40206-0807**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **RECOVERY WORKS DRUG AND ALCOHOL REHABILITATION CENTER 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,

Frankie Eden, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7394
FAX# 502-564-3392

Kentucky Secretary of State organization number 0644694