

Organization ID # 0745394  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Trey Grayson, Secretary of State

0745394.06 bschell LRPF  
Trey Grayson, Secretary of State  
Received and Filed:  
12/2/2010 1:47 PM  
Fee Receipt: \$115.00

Trey Grayson  
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 2010

RST

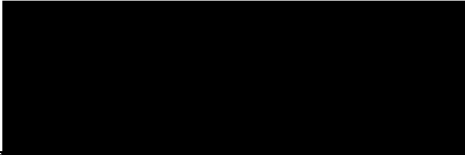
Exact limited liability company name and principal office address

BLUEGRASS DENT REPAIR, LLC  
5000 LUPRESSE LANE  
VERSAILLES KY 40383

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

Registered Agent and Registered Office Address

WILLIAM BRIAN WHITFIELD  
5000 LUPRESSE LANE  
VERSAILLES, KY 40383



Members - List the name and address of the limited liability company's members. The annual report will be returned to business addresses and not to this.

WILLIAM BRIAN WHITFIELD 5000 LUPRESSE LANE VERSAILLES, KY 40383

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 BLUEGRASS DENT REPAIR, 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   
Signature of member or manager (Required)

owner  
Title (Required)

11-30-10  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**DON RICHARDSON**  
Executive Director

December 2, 2010

**BLUEGRASS DENT REPAIR, LLC  
5000 LUPRESSE LANE  
VERSAILLES KY 40383**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BLUEGRASS DENT REPAIR, LLC** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2009, 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,

Jessica Honican, Revenue Auditor II  
Division of Corporation Tax  
501 High Street, 6th Floor, Sta.69  
Frankfort, KY 40601  
502-564-2169  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0745394