

0933494.06 dwilliams LRPF  
Michael G. Adams  
Kentucky Secretary of State  
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Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0933494

Michael G. Adams  
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 years 2021 through 2022**

RST

Exact limited liability company name and principal office address

PASSPORT HEALTH SOLUTIONS, LLC  
5100 COMMERCE CROSSINGS DRIVE  
LOUISVILLE KY 40229

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot.

Registered Agent and Registered Office Address

WT & C CORPORATE SERVICES, INC.  
400 WEST MARKET STREET  
SUITE 2000  
LOUISVILLE, KY 40202

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEN: \_\_\_\_\_ Name: \_\_\_\_\_

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

Mariah Gratz 5100 Commerce Crossings Drive, Louisville, KY 40229

The above entity was administratively dissolved on October 18, 2021, because the entity did not file its annual report for the year 2021. 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 PASSPORT HEALTH SOLUTIONS, 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)

Manager  
Title (Required)

1-20-2022  
Date (Required)

Mariah Gratz



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**PASSPORT HEALTH SOLUTIONS, LLC**  
**5100 COMMERCE CROSSINGS DRIVE**  
**LOUISVILLE KY 40229**

Notice Date: April 19, 2022  
KY SoS Org. ID: 0933494

**RE:** *Letter of Good Standing Request - Approved*

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**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.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
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 date above.
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: Dottye REV3769, Taxpayer Specialist I  
Email: [Dottye.Roberts@ky.gov](mailto:Dottye.Roberts@ky.gov)  
Direct: 502-564-0102