

Alison Lundergan Grimes
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 2010 through 2012

Exact organization name and principal office address

CUMBERLAND DENTURE CENTER, INC.
40 MOONBOW PLAZA
STE 3
CORBIN KY 40701

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

GLEN D. ANDERSON
40 MOONBOW PLAZA
SUITE 3
CORBIN, KY 40701

FEIN (Optional)

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one officer. If no officer addresses are specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian.

President	GLEN D ANDERSON	725 Alsip Tr. Corbin KY	40701
Treasurer	SHELLY D ANDERSON	725 Alsip Tr. Corbin KY	40701
Secretary	SHELLY D ANDERSON	725 Alsip Tr. Corbin KY	40701
Vice President	GLEN D ANDERSON	725 Alsip Tr. Corbin KY	40701

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

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 271B.14-210. Enclosed is a check in the amount of \$145.00, 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 CUMBERLAND DENTURE CENTER, INC. 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 Shelly D Anderson
Signature of officer or chairman of the board (Required)

Sec 12/2/12
Title (Required)

2/1/12
Date (Required)



**EDUCATION and WORKFORCE DEVELOPMENT CABINET
OFFICE OF EMPLOYMENT AND TRAINING**

Steven L. Beshear
Governor

Tax Enforcement Branch
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone (502) 564-2272
Fax (502) 564-5442
www.oet.ky.gov

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 02/06/2012

CUMBERLAND DENTURE CENTER, INC.

Dear Sir/Madam:

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

The Division 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,

Courtney Hackworth
Division of Unemployment Insurance
275 East Main Street, 2-EH
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0415395



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

February 6, 2012

**CUMBERLAND DENTURE CENTER, INC.
40 MOONBOW PLAZA
STE 3
CORBIN KY 40701**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CUMBERLAND DENTURE CENTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended December 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Valerie Brock, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7266
FAX# 502-564-0058

Kentucky Secretary of State organization number 0415395