

Organization ID # 0761095
State of origin KY
Filing fee \$190.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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NPRF
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
6/16/2021 11:19 AM
Fee Receipt: \$190.00

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 2016 through 2021

RST

Exact organization name and principal office address

KENTUCKY ASSOCIATION FOR MEDICAL INSTRUMENTATION INC.
536 BROOKWATER LANE
LEXINGTON KY 40515

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 <https://web.sos.ky.gov/ftsearch> or can be downloaded from our website.

Registered Agent and Registered Office Address

Mike Coats
536 Brookwater Lane
Lexington, KY 40515

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: _____ Name: _____



Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	DAVID SIMPSON	_____
Secretary	TONY MCCLANAHAN	_____
Treasurer	MIKE COATS	_____
Vice President	JENNIFER DAVIS	_____

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

DAVID SIMPSON	_____
JENNIFER DAVIS	_____
MIKE COATS	_____
_____	_____
_____	_____

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 273.3181. Enclosed is a check in the amount of \$190.00, 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 Kentucky Association for Medical Instrumentation 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 Mike Coats
Signature of officer Or chairman of the board (Required)

Treasurer
Title (Required)

6-11-21
Date (Required)



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

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

Kentucky Association for Medical Instrumentation Inc.
536 Brookwater Lane
Lexington KY 40515

Notice Date: June 16, 2021
KY SoS Org. ID: 0761095

RE: *Letter of Good Standing Request - Approved*

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: Bruce REV3968, Taxpayer Services Specialist II
Direct: 502-564-2038
