Organization ID # 0962299 State of origin

**Commonwealth of Kentucky** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0962299.06

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/20/2017 2:25 PM Fee Receipt: \$115.00

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 year 2017

Exact IIII	iteu nabinty	company	<u>name</u> a	anu p	rıncıpaı	omice	<u>address</u>
(	<b>DLIVER WIN</b>	STON LAE	3, LLC				
•	207 DDICU	TON DI AC					

3207 BRIGHTON PLACE DR. **LEXINGTON KY 40509** 

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

		downloaded from our we	y.gov/πsearch or can be bsite.
Registered Agent and Registered Office Addre	<u>988</u>	FEIN (Optional)	
PINAKIN PATEL			
3207 BRIGHTON PLACE DR.			
LEXINGTON, KY 40509	o Kantuala, tau actum as a diseasant		-4
If the above company is included in a parent company company's information here (optional):	's Kentucky tax return as a disregarde		IL
FEIN: Name:			
<b>Members</b> - List the name and address of the limited liability LLCs are not required to list their members.	company's members. If not specified, addresses de	fault to the LLC's principal o	ffice address Member-managed
Abner Rayapati	1618 Harrodsburg Rd. Lexmaken.	ky 40504	
Protima Raymouti	1418 Harrods bus Rd Lexinston	ky Hosou	
Dhaval Pater	760 Maidencane Lexmanni		
Pinakin Patel	3201 Brighton Place Dr. Lexing		
The above entity was administratively dissolved on The undersigned states that the grounds for diss requirements of KRS 275.295. Enclosed is a che	olution either did not exist or have beer	eliminated, and the	entity's name satisfies the
Under penalty of perjury, the below signed hereb information pertaining to OLIVER WINSTON LAE 271B.14-220.			
lf not an officer of said entity, please provide a De	eclaration of Power of Attorney with the	Reinstatement Appl	ication.
x ///alt	Manager		10/19/17
Signature of member or manager (Required)	<b>7</b> itle (Required)		Date (Required)



DANIEL P. BORK
Commissioner

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

November 20, 2017

## OLIVER WINSTON LAB, LLC 3207 BRIGHTON PLACE DR. LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **OLIVER WINSTON LAB, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Rada REV6015, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-7336 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0962299

