

Organization ID # 0773840
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0773840.06 dcornish LRP
Elaine N. Walker, Secretary of State
Received and Filed:
10/6/2011 1:12 PM
Fee Receipt: \$115.00

Elaine N. Walker
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 2011

RST

Exact limited liability company name and principal office address

GOLDEN DAY CARE CENTER LLC
737 SOUTH 8TH ST.
LOUISVILLE KY 40203

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 or can be downloaded from our website.

Registered Agent and Registered Office Address

MOHAMMAD OMAR
737 SOUTH 8TH STREET
LOUISVILLE, KY 40203



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.

MOHAMMAD OMAR - 1834 CALL CT #882
ABDUL H. OMAR - 18212 WINDING RIVERWAY

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 GOLDEN DAY CARE CENTER 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 Abdul H. Omar
Signature of member or manager (Required)

Manager
Title (Required)

10/05/2011
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2011

**GOLDEN DAY CARE CENTER LLC
737 SOUTH 8TH ST.
LOUISVILLE KY 40203**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **GOLDEN DAY CARE CENTER LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Neelofar Moula, Revenue Auditor
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7335
FAX# 502-564-3392

Kentucky Secretary of State organization number 0773840