Organization ID # 0751057 Commonwealth of Kentucky State of origin KY Filing fee \$160.00 Alison Lundergan Grimes, Secretary of S		0751057.06 Alison Lundergan Grimes Kentucky Secretary of State	
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 2016 through 2019		2/19/2019 3:08 PM Fee Receipt: \$160.00
Exact limited liability company nan ARNETT VISION CARE, PL 7921 MALL RD. SUITE B FLORENCE KY 41042		name/office add form. When rein addresses until to reinstatement is	fice address and registered agent Iress cannot be changed on this stating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be p.sos.ky.gov/ftsearch or can be n our website.
Registered Agent and Registered C KIMBERLY B. ARNETT 913 CAITLIN DRIVE UNION, KY 41091 If the above company is included in a part company's information here (optional): FEIN:	<u>Office Address</u> rent company's Kentucky tax return as a disregarde	FEIN (Optio	onal) nt
Members - List the name and address of th LLCs are not required to list their members. KIMBERLY B. ARNETT	e limited liability company's members. If not specified, addresses defai	ult to the LLC's pr	incipal office address Member-manage:

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 275.295. Enclosed is a check in the amount of \$160.00, 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 ARNETT VISION CARE, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not a officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

× malin Ettic	Office manager	2.14.2019
Signature of member or manager (Required)	Title (Required)	Date (Required)

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ARNETT VISION CARE, PLLC 7921 MALL RD. SUITE B FLORENCE KY 41042 Notice Date: February 19, 2019 KY SoS Org. ID: 0751057

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.	
	 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: John REV3858, Revenue Auditor I Email: John.Cornett@ky.gov Direct: 502-564-2099	