State of origin	NI	monwealth of Kentuergan Grimes, Secret	-	Alison Lundergan Grime	
Alison Lundergar Secretary of S P. O. Box 7 Frankfort, KY 406 (502) 564-34 http://www.sos.	State Rein 18 Rein 102-0718 Rein 490 F	nstatement Applicati Instatement Annual I For the years 2011 through	Report	Fee Receipt: \$130.00	
SANTOS ME	name and principal offic DICAL SERVICES, INC. ELL HILL ROAD IY 41301	e address	name/office addre form. When reinsta addresses until the reinstatement is file	ce address and registered agent ess cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the ed, the statement of change can be sos.ky.gov/ftsearch or can be aur website.	
EDWIN M SA 325 CAMPBI CAMPTON, I Principal Officers - 4	ELL HILL ROAD <y 41301<br="">.ist the name, address and title of al</y>	Iress Il current officers. All organizations must list at leas orporations are required to list a Secretary or other	t one (1) officer, even	in the case of a sole officer, If not	
President	EDWIN SANTOS				
Secretary	EDWIN SANTOS				
Directors - List the name lirector addresses default to th		cable).No listing of directors is verification that the	corporation has dispe	nsed with directors. If not specified,	
EDWIN SANTOS					
			<u> </u>		

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 271B.14-210. Enclosed is a check in the amount of \$130.00, 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 SANTOS MEDICAL SERVICES, 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.

× 200 from	PRESIDENT	2/2/12
Signature of officer or chairman of the board (Required)	Title (Required)	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 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 02/07/2012

SANTOS MEDICAL SERVICES, 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 0555467





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

February 7, 2012

SANTOS MEDICAL SERVICES, INC. **325 CAMPBELL HILL ROAD CAMPTON KY 41301**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate SANTOS MEDICAL SERVICES, INC. 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Byron Durham, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2053 FAX# 502-564-0058

Kentucky Secretary of State organization number 0555467

