Organization ID # 0788684 State of origin

**Commonwealth of Kentucky** Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta

0788684.06

vmiller **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

5/30/2019 10:50 AM Fee Receipt: \$160.00

RST

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

**Exact limited liability company name and principal office address** AT HOME THERAPY SERVICES LIMITED LIABILITY COMPANY 1360 RIVA RIDGE AVENUE **BOWLING GREEN KY 42104** 

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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Linda Michelle Owens 120 Cedar Grove Street Alvaton, KY 42122

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

Name:

Managers - List the name and address of the life	nited liability company's managers. If not specified, addresses d	efault to the LLC's principal office address.
LINDA MICHELLE OWENS	NEW ADDRESS	AT home therepy, LLC
		3508 Alugget Drive
		Bowling Green Ky
		J 42104
		1000

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 At Home Therapy Services Limited Liability Company 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.

Website: www.revenue.kv.gov Phone:

502-564-8139 502-564-0058 Fax:

At Home Therapy Services Limited Liability Company 3508 Nugget Drive **BOWLING GREEN KY 42104** 

Notice Date: KY SoS Org. ID:

May 30, 2019

0788684

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

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038