Organization ID # 0846100 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta				0846100.09 among Presson Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:	
Secretary of State P. O. Box 718	P. O. Box 718 rankfort, KY 40602-0718 (502) 564-3490 Reinstatement Annual Report For the years 2014 through 2015			12/17/2015 1:06 PM Fee Receipt: \$130.00	
Exact professional service MINIX EYE CARE, PO BOX 1687 PAINTSVILLE KY 4	PSC	d principal office address	name/office address form. When reinstatin addresses until the re reinstatement is filed,	address and registered agent cannot be changed on this ng, you cannot modify the instatement is filed. Once the the statement of change can be <u>s.ky.gov/fisearch</u> or can be website.	-
Registered Agent and Reg MARCUS S. MINIX 1018 BROADWAY PAINTSVILLE, KY Principal Officers - Little M	, SR. 41240		et opp (1) officer muss in	the case of a sole officer, if sol	
specified, officer addresses default to the	e principal office address. Corporat	nt officers. All organizations must list at lea tions are required to list a Secretary or othe	st one (1) officer, even in er officer serving as recor	the case of a sole officer. If not discussodian	-
President	Marcus J. M	init			_
Vice-President					-
<u>Secretary</u>	<u> </u>	and the second			
Directors - List the name and add director addresses default to the princip		No listing of directors is verification that the	e corporation has dispens	ed with directors. If not specified,	-
			L 1995 -		_
	анария 				-
Oh a sah a bila sa bila di					-
		areholders. If not specified, shareholder ad	onesses detault to the ph	ncipal omce address.	-
March MUIN					-
		and a summer of the second	· · · · · · · · · · · · · · · · · · ·		-
	<u> </u>				
2014. The undersigned states satisfies the requirements of h	that the grounds for disso (RS 271B.14-210. Enclose	tember 30, 2014 because the en slution either did not exist or hav ed is a check in the amount of \$	ve been eliminated, 130.00, payable to	and the entity's name Kentucky State Treasurer.	_
		prizes the Kentucky Department Secretary of State, as required			
If not an officer of said entity.	please provide a Declarati	on of Power of Attorney with the	e Reinstatement Ar	oplication.	
v Man A	14-11-			12-15-20	T
Signature of officer or chairman	of the board (Beg/Terred)	Dresident			
orgenature of Onicer of Chaliman		i ue (required)			
1. president of said corporation		f Professional Service Corpor nolders, not less than half of the		officers other than secretary	

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am puthorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

Ber 71 <u>X</u> 1.in 1

Signature of president of the professional service corporation (Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

December 17, 2015

## **MINIX EYE CARE, PSC PO BOX 1687 PAINTSVILLE KY 41240**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate MINIX EYE CARE, PSC has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Stephanie REVX219, Taxpayer Services Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0846100





## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 12/17/2015

MINIX EYE CARE, PSC

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,

Matthew Justice Division of Unemployment Insurance 275 East Main Street, 2-EI Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0846100

