

Organization ID # 0774401  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

0774401.06 mstratton LRP  
Elaine N. Walker, KY Secretary of State  
Received and Filed:  
12/8/2011 2:40 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

ADVANCED QUALITY CHIROPRACTIC CARE PLLC  
547 W MAIN STREET  
MOREHEAD KY 40351

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

Registered Agent and Registered Office Address

Jessi Kay Fluskey  
547 W Main Street  
Morehead, KY 40351



**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

Robert E Fluskey, Jr, DC

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 ADVANCED QUALITY CHIROPRACTIC CARE PLLC 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. R. E. Fluskey, Jr  
Signature of member or manager (Required)

D.C  
Title (Required)

11/18/11  
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

December 8, 2011

**ADVANCED QUALITY CHIROPRACTIC CARE PLLC**  
**547 W Main Street**  
**Morehead KY 40351**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ADVANCED QUALITY CHIROPRACTIC CARE PLLC** 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,

Darrell Young Revenue Auditor I  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2127  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0774401