

Organization ID # 0568902
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0568902.09

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/13/2019 10:08 AM
Fee Receipt: \$115.00

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 year 2019

Exact professional service corporation name and principal office address

CHALKE CHIROPRACTIC, P.S.C.
412 ADAMS ST.
PADUCAH KY 42003

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

DAVID S CHALKE DC
412 ADAMS STREET
PADUCAH, KY 42003

FEIN (Optional)

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

FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President DAVID S. CHALKE

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

DAVID S. CHALKE

Shareholders - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

DAVID S. CHALKE

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 \$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 CHALKE CHIROPRACTIC, P.S.C. 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 [Signature] _____ Owner _____ 12.10.19
Signature of officer or chairman of the board (Required) Title (Required) Date (Required)

Certificate of Professional Service Corporation

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 authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the foregoing is true And correct as of today.



Please indicate the county in which your business operates:

County: McCracken

If any information below has changed, please place an "X" in the appropriate boxes.

Please indicate the size of your business:

- Small (Fewer than 50 employees)
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business's ownership:

- Women-Owned
 Veteran-Owned
 Minority-Owned

Please indicate which of the following best describes your business:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Services |
| <input type="checkbox"/> Transportation, Communications, Electric, Gas,
Sanitary Services | <input type="checkbox"/> Public Administration |
| <input checked="" type="checkbox"/> Other | |



**COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
P.O. Box 948
FRANKFORT, KY 40602-0948
(502) 564-2272
<https://kewes.ky.gov>
UITax@KY.GOV

Date: 12/12/2019

CHALKE CHIROPRACTIC, P.S.C.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Tara Welch
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0568902



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

CHALKE CHIROPRACTIC, P.S.C.
412 ADAMS ST.
PADUCAH KY 42003

Notice Date: December 12, 2019
KY SoS Org. ID: 0568902

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: Megan REVY099, Taxpayer Services Specialist I
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310
