Organization ID # 0726203 State of origin KY Filing fee \$250.00

# Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/7/2020 7:12 AM Fee Receipt: \$250.00

Michael G. Adams 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 2011 through 2020

Exact of	organization name and principal office address
	CLARK FAMILY CHIROPRACTIC, INC.
	1300 ANDREA ST. #206
	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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

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Registered Agent	and Registered Office Addre	SS	FEIN (Optional)	•
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1100 WE	LDON RD	医髓管内侧柱 建铁铁 建基金矿石		
BRANDE	NBURG, KY 40108			
If the above compan	y is included in a parent company	s Kentucky tax return as a disregarde	<u>Q</u>	t
company's information			<del>.</del>	
FEIN:	Name:	<u> </u>	73. N. N. (1823) N. %	
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enecified officer address	es default to the principal office address.	all current officers. All organizations must list a Corporations are <u>required to list a Secretary or</u>	r other officer serving as records cust	odian
President	AMIE C CLARK	oorporadorio dio roquito no	11/25/11/	
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Directors - List the	name And address of all directors (if app	olicable) No listing of directors is verification th	at the corporation has dispensed with	directors. If Not specified,
director addresses defaul	It to the principal office address.			<del></del>
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<u></u>	# KISETII #	- VILWA SEE		
The above entity w	vas administratively dissolved o	n September 10, 2011 because th	e entity did not file its annua	al report for the year
2011. The underside	gned states that the grounds fo	r dissolution either did not exist or	have been eliminated, and	the entity's name
satisfies the requir	ements of KRS 271B 14-210/E	inclosed is a check in the amount	of \$250.00; payable to Kent	ucky State Treasurer.
Under penalty of p	eriury the below signed hereby	authorizes the Kentucky Departm	ent of Revenue to release a	nv applicable tax
information pertain	ing to CLARK FAMILY CHIRO	PRACTIC, INC. to the Secretary of	State, as required for reins	tatement pursuant to
KRS 271B.14-220.				
If not an officer of s	said entity please provide a De	eclaration of Power of Attorney with	the Reinstatement Applica	tion.
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X / /M	u (Ulik	- Dresident	····	11,73,70,70
Signature of office	er Or chairman of the board (Required)	Title (Require	ed)	Date (Required)

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

CLARK FAMILY CHIROPRACTIC, INC. 351 Pascoe Blvd Suite 106 **Bowling Green KY 42104** 

Notice Date: December 1, 2020

KY SoS Org. ID: 0726203

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.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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
  - 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: Holly REVX186, Revenue Auditor III

Email: Holly.Hannis@ky.gov

Direct: 502-564-7263



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 12/01/2020

CLARK FAMILY CHIROPRACTIC, INC.

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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0726203

