

Organization ID # 0557505

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

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Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/26/2012 1:31 PM  
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 2012

KST

### Exact organization name and principal office address

KICK ALCOHOL DRUG DEPENDENCY, INC.

166 446 FAYEE STREET  
JEFFERSONVILLE KY 40337

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

PERRY CARTEE

166 446 FAYEE STREET  
JEFFERSONVILLE, KY 40337

**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	PERRY CARTEE
Secretary	JOSIE CARTEE
Treasurer	LISA SMITH
Vice President	ROGER MEANS

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

EUING D CLARK	
JUDY MEANS	
SYLVIA LAMB	
SHELBY LAMB	
CHRIS SMITH	

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 273.3181. 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 KICK ALCOHOL DRUG DEPENDENCY, INC. 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 Perry Cartee  
Signature of officer or chairman of the board (Required)

PRESIDENT  
Title (Required)

11-24-2012  
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

November 26, 2012

**KICK ALCOHOL DRUG DEPENDENCY, INC.**  
**166 FAYEE STREET**  
**JEFFERSONVILLE KY 40337**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KICK ALCOHOL DRUG DEPENDENCY, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Janice Sexton, Taxpayer Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7310  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0557505