Organization ID # 0206807 State of origin

Commonwealth of Kentucky Filing fee \$175.00 Alison Lundergan Grimes, Secretary of S

0206807.09

The principal office address and registered agent

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**PRPF** Alison Lundergan Grimes

**Kentucky Secretary of State** Received and Filed: 6/6/2019 2:45 PM Fee Receipt: \$175.00

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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 years 2015 through 2019

Exact professional service corporation name and principal office address

H. PATRICK KING, JR., P.S.C. **5017 SOUTH 3RD. STREET** 

name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the **LOUISVILLE KY 40214** reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

	<u>nd Registered Office Address</u> KKING, JR.	FEIN (Optional)	
3018 NOR	H BUCKEYE LANE		
GOSHEN,			
company's information		a disregarde	nt
FEIN:	Name:		
Principal Officers	List the name, address and title of all current officers. All organizations and the control of t	ions must list at least one (1) officer, even in the case of a s	ole officer. If not
Principal Officers specified, officer addresses President	default to the principal office address. Corporations are required to lis	ions must list at least one (1) officer, even in the case of a s a Secretary or other officer serving as records custodian	ole officer. If not
specified, officer addresses	List the name, address and title of all current officers. All organizate default to the principal office address. Corporations are required to lis  H. PATRICK KING, JR.  LESLIE R. KING	ions must list at least one (1) officer, even in the case of a s a Secretary or other officer serving as records custodian	ole officer. If not
specified, officer addresses President	default to the principal office address. Corporations are required to lis  H. PATRICK KING, JR.	ions must list at least one (1) officer, even in the case of a s a Secretary or other officer serving as records custodian	ole officer. If not

H. PATRICK KING, JR.	
LESLIE R. KING	
Shareholders - List the name and addre	ss of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.
Shareholders - List the name and addre H. PATRICK KING, JR.	ss of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.
	ss of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.
H. PATRICK KING, JR.	ss of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$175.00, 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 H. PATRICK KING, JR., 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.

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 forgoing Is true And correct as of today.

Website: www.revenue.kv.gov Phone:

502-564-8139 502-564-0058 Fax:

H. PATRICK KING, JR., P.S.C. 5017 SOUTH 3RD. STREET **LOUISVILLE KY 40214** 

Notice Date: June 6, 2019 KY SoS Org. ID: 0206807

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: Bruce REV3968, Taxpayer Services Specialist II

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038



## 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 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 06/06/2019
H. PATRICK KING, JR., P.S.C.
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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0206807

