

Organization ID # 0160511

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:  
3/29/2017 1:34 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 2016

RST

### Exact professional service corporation name and principal office address

SNYDER CHIROPRACTIC CENTER, P.S.C.  
P O BOX 317  
GREENVILLE KY 42345

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 <http://pp.sos.ky.gov/ftsearch> or can be downloaded from our website.

### Registered Agent and Registered Office Address

DR. HOWARD L. SNYDER  
HWY. 62, P. O. BOX 317  
GREENVILLE, KY 42345

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent 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

Sole Officer	H.L. SNYDER, DC	4555 State Rt 181 S Greenville, KY 42345

**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.

H.L. SNYDER, DC	Same

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

H.L. SNYDER, DC	Same

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 SNYDER CHIROPRACTIC CENTER, 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.

<input checked="" type="checkbox"/> <i>Dr. Howard L. Snyder</i> Signature of officer or chairman of the board (Required)	<input type="checkbox"/> _____ Title (Required)	<input checked="" type="checkbox"/> 12-24-16 Date (Required)
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### 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.

☒ *Dr. Howard L. Snyder*  
Signature of president of the professional service corporation (Required)



**DANIEL P. BORK**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

March 29, 2017

**SNYDER CHIROPRACTIC CENTER, P.S.C.  
P O BOX 317  
GREENVILLE KY 42345**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SNYDER CHIROPRACTIC CENTER, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Lisa REVX124, Supervisor  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2046  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0160511



**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: 03/29/2017

SNYDER CHIROPRACTIC CENTER, 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 0160511