

Organization ID # 0450211
State of origin KY
Filing fee \$205.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/25/2017 1:14 PM
Fee Receipt: \$205.00

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 years 2011 through 2017

RST

Exact limited liability company name and principal office address

MIDDLETOWN EYE CARE, PLLC
5135 DIXIE HIGHWAY
SUITE 15
LOUISVILLE KY 40216

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/rsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

FRANK R. BURNS, M.D.
5135 DIXIE HIGHWAY
SUITE 15
LOUISVILLE, KY 40216



Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

FRANK R. BURNS _____

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 275.295. Enclosed is a check in the amount of \$205.00, 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 MIDDLETOWN EYE CARE, PLLC 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 *Frank R. Burns* _____ *owner / president* _____ *1-20-17*
Signature of member or manager (Required) Title (Required) Date (Required)



DANIEL P. BORK
Commissioner

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

January 25, 2017

**MIDDLETOWN EYE CARE, PLLC
5135 DIXIE HIGHWAY
SUITE 15
LOUISVILLE KY 40216**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MIDDLETOWN EYE CARE, PLLC** 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0450211