Organization ID # 0452811 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0452811.09

mstratton **NPRF**

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 7/1/2014 9:58 AM Fee Receipt: \$130.00

RST

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 2013 through 2014

Exact organization name and principal office address FAMILY WELLNESS CENTER, INC. 301 WEST FREDERICA STREET **HARTFORD KY 42347**

Registered Agent and Registered Office Address

EDDIE EMBRY 1211 N. MAIN STREET BEAVER DAM, KY 42320



downloaded from our website.

The principal office address and registered agent

reinstatement is filed, the statement of change can be

filed online at app.sos.ky.gov/ftsearch or can be

name/office address cannot be changed on this

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the

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

Secretary	MALLORY SANDERFU	Sara	Beth Cole	
President	JANNA PATHL			
Treasurer	KEITH BENNETT			
Executive	MANDY ABNEY	Chad	M. Hart	
office address.	orations must have at least three (3) o	directors. All directors of the non-prof	it must be listed. If not specifie	ed, director addresses default to the principal
ALISA COLEMAN COREY RENDER		ROGER DAN	TE!	
SCOTT LEWIS		Jennifer Sch	rader	Steve Geary.
ROBERT HAWLEY	7	Misty Decker		. Tara Ward
VINCE TANNER		nary Martin		Shane Vincent

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 \$130.00, 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 FAMILY WELLNESS CENTER, 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 James R. Patin	CHAIRMAN,	BRARD	4/17/14		
Signature of officer or chairman of the board (Required)	Title (Required)		Date (Required)		



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

July 1, 2014

FAMILY WELLNESS CENTER, INC. 301 WEST FREDERICA STREET HARTFORD KY 42347

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **FAMILY WELLNESS CENTER, 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,

Ellina REVE313, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2112 FAX# 502-564-0058

Kentucky Secretary of State organization number 0452811

