Organization ID # 0346012 Commonwealth of Kentucky State of origin KY
Filing fee \$145.00 Alison Lundergan Grimes, Secretary of St

0346012.09

dcornish PRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

Received and Filed: 2/8/2019 1:34 PM Fee Receipt: \$145.00

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 2017 through 2019

Exact organization name and principal office address

DOCTOR'S RESOURCE SERVICES, INC. 7505 NEW LAGRANGE ROAD SUITE 1 LOUISVILLE KY 40222-2491

Registered Agent and Registered Office Address

WANDA L. PODGURSKY 7505 NEW LAGRANGE ROAD SUITE 1 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 or can be downloaded from our website.

LOUISVII	LE, KY 40222-2491
	y is included in a parent company's Kentucky tax return as a disregarde
company's information	
FEIN:	
Principal Officer specified, officer address	S - 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 es default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian
President	WANDA L. PODGURSKY
Secretary	
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,
	It to the principal office address.
WANDA L PODG	URSKY
	
	
	
-	
	vas administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017.
	tates that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the RS 271B.14-210. Enclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer.
Under penalty of p information pertain KRS 271B.14-220	erjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax ing to DOCTOR'S RESOURCE SERVICES, INC. to the Secretary of State, as required for reinstatement pursuant to .
If not an officer of	said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

Notice Date: KY SoS Org. ID:

February 8, 2019

0346012

DOCTOR'S RESOURCE SERVICES, INC. 7505 NEW LAGRANGE ROAD **SUITE 1 LOUISVILLE KY 40222-2491**

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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099



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: 02/08/2019 DOCTOR'S RESOURCE SERVICES, INC. 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 0346012

