

Organization ID # 0546014  
State of origin KY  
Filing fee \$115.00

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0546014.09 dwilliams PRPF  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
12/8/2021 5:19 AM  
Fee Receipt: \$115.00

Michael G. Adams  
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 2021

RST

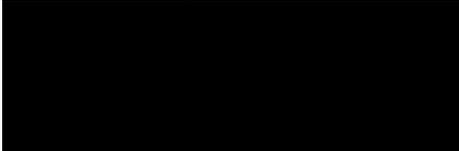
Exact organization name and principal office address

FRASURE'S PERSONAL CARE HOME, INC.  
1308 RIVERVIEW ROAD  
ASHLAND KY 41101

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 <https://web.sos.ky.gov/ftsearch> or can be downloaded

Registered Agent and Registered Office Address

VALERIE A. FRASURE  
1308 RIVERVIEW ROAD  
ASHLAND, KY 41101



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: Frasure's Personal Care Home, Inc

**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

President	VALERIE FRASURE	_____
Secretary	VALERIE FRASURE	_____
_____	_____	_____
_____	_____	_____

**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.

VALERIE FRASURE	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 FRASURE'S PERSONAL CARE HOME, 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.

<u>X Valerie Frasure Jervis</u>	<u>President</u>	<u>12-2-21</u>
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**FRASURE'S PERSONAL CARE HOME, INC.**  
**1308 RIVERVIEW ROAD**  
**ASHLAND KY 41101**

Notice Date: December 7, 2021  
KY SoS Org. ID: 0546014

**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  
Direct: 502-564-2038



**COMMONWEALTH OF KENTUCKY  
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
P.O. Box 948  
FRANKFORT, KY 40602-0948  
(502) 564-2272  
<https://kewes.ky.gov>  
UITax@KY.GOV

Date: 12/07/2021

FRASURE'S PERSONAL CARE HOME, INC.

Dear Sir/Madam:

**KRS 14A.7-030(1)(f) CERTIFICATE**

The Office 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  
Office of Unemployment Insurance  
PO Box 948  
Frankfort, Kentucky 40602-0948  
Phone: (502) 564-2272  
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0546014