

Organization ID # 0540420  
State of origin KY  
Filing fee \$115.00

**Commonwealth of Kentucky**  
**Trey Grayson, Secretary of State**

0540420.09 bschell  
PRPF  
Trey Grayson, Secretary of State  
Received and Filed:  
11/16/2010 2:21 PM  
Fee Receipt: \$115.00

Trey Grayson  
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 2010**

**RST**

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

ARK REHAB, P.S.C.  
501 DARBY CREEK ROAD  
SUITE #16  
LEXINGTON KY 40509

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

ANTHONY SHAWN PRATER  
501 DARBY CREEK ROAD  
#16  
LEXINGTON, KY 40509

**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.

President	MONICA HOYOS	
Vice President	ANTHONY SHAWN PRATER	

**Directors** - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors.

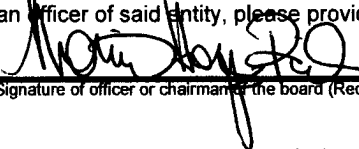

**Shareholders** - List the name and address of the corporation's shareholders.

MONICA HOYOS	
ANTHONY SHAWN PRATER	

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 ARK REHAB, 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.

X		President	11.10.10
	Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)

**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.

X	
	Signature of president of the professional service corporation (Required)



**EDUCATION and WORKFORCE DEVELOPMENT CABINET  
OFFICE OF EMPLOYMENT AND TRAINING**

**Steven L. Beshear**  
Governor

Tax Enforcement Branch  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone (502) 564-2272  
Fax (502) 564-5442  
[www.oet.ky.gov](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 11/16/2010

ARK REHAB, P.S.C.

Dear Sir/Madam:

**KRS 271B.14-220(1)(e) CERTIFICATE**

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

Tara Welch  
Division of Unemployment Insurance  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0540420



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**DON RICHARDSON**  
Executive Director

November 16, 2010

**ARK REHAB, P.S.C.  
501 DARBY CREEK ROAD  
SUITE #16  
LEXINGTON KY 40509**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ARK REHAB, P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Theresa Collins, Taxpayer Specialist II  
Division of Corporation Tax  
501 High Street, 7th Floor, Sta. 52  
Frankfort, KY 40601  
502-564-7288  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0540420