

Organization ID # 0207322

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0207322.09

dcornish
PRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

3/13/2012 10:30 AM

Fee Receipt: \$130.00

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 2012

RST

Exact organization name and principal office address

SEA-LONG MEDICAL SYSTEMS, INCORPORATED
4601 COMMERCE CROSSINGS DRIVE, SUITE 300
LOUISVILLE KY 40229

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

JOHN BLEIDT
105 SOUTH SHERRIN AVENUE
LOUISVILLE, KY 40207

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 TERRI COX

President GERALD L COX

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.

~~GERALD L COX~~
TERRI COX

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 271B.14-210. 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 SEA-LONG MEDICAL SYSTEMS, INCORPORATED 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 Terri Cox
Signature of officer or chairman of the board (Required)

Adm. Director
Title (Required)

1-11-2011
Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

March 13, 2012

**SEA-LONG MEDICAL SYSTEMS, INCORPORATED
4601 COMMERCE CROSSINGS DRIVE, SUITE 300
LOUISVILLE KY 40229**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SEA-LONG MEDICAL SYSTEMS, INCORPORATED** has filed Kentucky Income Tax Returns through the tax year ended 12/31/10, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Christina Owens, Revenue Auditor
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40620
502-564-7339
FAX# 502-564-3392

Kentucky Secretary of State organization number 0207322



**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

Joseph U. Meyer
Secretary

William Monterosso
Executive Director

Date: 03/13/2012

SEA-LONG MEDICAL SYSTEMS, INCORPORATED

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,

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 0207322