

Organization ID # 0836522

State of origin KY

Filing fee \$265

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0836522

Michael G. Adams

KY Secretary of State

Received and Filed

4/11/2024 9:08:03 AM

Fee receipt: \$265.00

LRPF

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 years 2014 through 2024**

**RST**

**Exact limited liability company name and principal office address**

**ADVANCED SOLUTIONS COUNSELING AND PLAY THERAPY  
CENTER, PLLC  
212 NORTH 2ND STREET, SUITE 100  
RICHMOND KY 40475**

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 will be filed.

**Registered Agent and Registered Office Address**

Registered Agent Service  
212 North 2nd Street  
SUITE 100  
Richmond, KY 40475

**Managers** - List the name And address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address

**ILENE CRYSLER BOSSCHER 2596 ROXBY WAY, CA 95747**

County:	Madison
Business size:	Small
Business type:	Social Services

The above entity was administratively dissolved on 9/30/2014 because the entity did not file its annual report for the year 2014. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to ADVANCED SOLUTIONS COUNSELING AND PLAY THERAPY CENTER, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Ilene Crysler Bosscher, LMFT, LPCC** Title: **Owner/Therapist** 4/11/2024



**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

**ADVANCED SOLUTIONS COUNSELING AND PLAY  
THERAPY CENTER, PLLC**  
**2 WOODLEA LANE**  
**LOUISVILLE KY, 40207**

Notice Date: April 11, 2024  
KY SoS Org. ID: 0836522

**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.

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**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: Megan REVY099, Taxpayer Services Specialist III  
Email: [MeganD.Roberts@ky.gov](mailto:MeganD.Roberts@ky.gov)  
Direct: 502-564-7310