Organization ID # 0512625 State of origin Filing fee

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State

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Elaine N. Walker, Secretary of State

Received and Filed: 10/25/2011 9:05 AM Fee Receipt: \$115.00

Elaine N. Walker 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 2011

RST

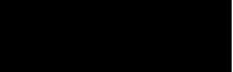
Exact professional service corporation name and principal office address

BRIGHT STARS SPEECH THERAPY, PSC P.O. BOX 22207 **LOUISVILLE KY 40252** 

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.

## Registered Agent and Registered Office Address

LAURA L.M. CRONIN 800 EXMOOR AVENUE LOUISVILLE, KY 40223



| Sole Officer                | LAURA L.M. CRONIN                        | _ <u></u>                                  |  |         |
|-----------------------------|--|--|--|---------|
|                             |  |  |  |         |
|                             |  |  |  |         |
|                             |  |  |  |         |
| irectors - List the name an |  | to listing of directors is verification th | nat the corporation has dispensed with directors. If not sp  | ecified |
| AURA L.M. CRONIN            |  |  |  |         |
|                             |  |  |  |         |
|                             |  |  |  |         |
|                             | - 1                                      |  |  |         |
|                             |  |  |  |         |
| nareholders - List the na   | me and address of the corporation's sha  | reholders. If not specified, sharehol      | der addresses default to the principal office address.   |         |
| AURA L.M. CRONIN            |  |  |  |         |
|                             |  |  | 4  |         |
|                             |  |  |  |         |
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| he above entity was adm     | ninistratively dissolved on Sept         | ember 10, 2011 because t                   | he entity did not file its annual report for the   | e yea   |
| The above entity was adm    | ninistratively dissolved on Sept         | ember 10, 2011 because t                   | he entity did not file its annual report for the   | e       |

information pertaining to BRIGHT STARS SPEECH THERAPY, PSC 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.

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.

Signature of president of the professional service corporation (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 24, 2011

BRIGHT STARS SPEECH THERAPY, PSC P.O. BOX 22207 LOUISVILLE KY 40252

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BRIGHT STARS SPEECH THERAPY**, **PSC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

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 0512625





## 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: 10/19/2011

BRIGHT STARS SPEECH THERAPY, PSC

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 0512625

