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Alison Lundergan Grimes  
Kentucky Secretary of State  
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Compose Back to Message reinstatementannualreport.pdf 1/1

Organization ID # 0413929  
State of origin KY  
Filing fee \$400.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0413929

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 1997 through 2016**

RST

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

STAN SCALF, D.M.D., P.S.C.  
1154 LEXINGTON RD. 402 BOSTON SQ.  
BUILDING C  
GEORGETOWN KY 40324

The principal office address and registered agent name/office address cannot be changed on this

**Registered Agent and Registered Office Address**

STAN SCALF, D.M.D.  
1154 LEXINGTON RD. 402 BOSTON SQ.  
BUILDING C  
GEORGETOWN, KY 40324

601-1304547

**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 Stanley T. Scalf 214 E JACKSON ST. GEORGETOWN KY 40324  
Vice-President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

**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.

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

The above entity was administratively dissolved on November 3, 1997 because the entity did not file its annual report for the year 1997. 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 \$400.00, 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 STAN SCALF, D.M.D., 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 Stanley T. Scalf DMD president 05-10-16  
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 Stanley T. Scalf DMD  
Signature of president of the professional service corporation (Required)



**DANIEL P. BORK**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

May 31, 2016

**STAN SCALF, D.M.D., P.S.C.**  
**402 BOSTON SQ**  
**GEORGETOWN, KY 40324**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **STAN SCALF, D.M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 2014, 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,

John REV3858, Revenue Auditor I  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2099  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0413929



**COMMONWEALTH OF KENTUCKY  
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
275 E MAIN ST, 2-EH  
FRANKFORT, KY 40621-0001  
(502) 564-2272  
<https://kewes.ky.gov>  
DES.UIT@KY.GOV

Date: 05/31/2016

STAN SCALF, D.M.D., P.S.C.

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,

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

Kentucky Secretary of State organization number 0413929