Organization ID # 0702335 Commonwealth of Kentucky State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

0702335.06

mstratton **LRPF** 

**Alison Lundergan Grimes** Kentucky Secretary of State

Received and Filed: 9/5/2012 2:47 PM 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

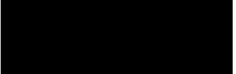
**K51** 

Exact limited liability company name and principal office address ACTIVE BODY CHIROPRACTIC AND INJURY CENTER OF RICHMOND, form. When reinstating, you cannot modify the **PLLC** 

301 BIG HILL AVE. **RICHMOND KY 40475**  The principal office address and registered agent name/office address cannot be changed on this 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

SHELDON SHARPE



301 BIG HILL AVE. RICHMOND, KY 40475		
Members - List the name and address of the limited liabi Member-managed LLCs are not required to list their members.	ility company's members. If not specified, addresses defau	it to the LLC's principal office address
SHELDON THOMAS SHARPE		
The above entity was administratively dissolved on S 2011. The undersigned states that the grounds for disatisfies the requirements of KRS 275.295. Enclosed	ssolution either did not exist or have been eliminate	ed, and the entity's name
Under penalty of perjury, the below signed hereby au information pertaining to ACTIVE BODY CHIROPRAI required for reinstatement pursuant to KRS 271B.14-	CTIC AND INJURY CENTER OF RICHMOND, PLLI	elease any applicable tax C to the Secretary of State, as
If not an officer of said entity, please provide a Declar	<b>,</b>	Application.
Signature of member or manager (Required)	mona Sole Member	8/31/12 Date (Required)
Signature of manager (Required)	/ nue (reduneu)	2 202 (1 (0421/00)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

September 5, 2012

## ACTIVE BODY CHIROPRACTIC AND INJURY CENTER OF RICHMOND, PLLC 301 BIG HILL AVE. RICHMOND KY 40475

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate ACTIVE BODY CHIROPRACTIC AND INJURY CENTER OF RICHMOND, PLLC 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Lisa Saylor, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2046 FAX# 502-564-3392

Kentucky Secretary of State organization number 0702335

