

Organization ID # 0527239
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/31/2017 1:24 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 2016 through 2017

RST

Exact professional service corporation name and principal office address

MARK H. HARVEY, D.M.D., PSC
1602 LAKEWOOD DRIVE
ELIZABETHTOWN KY 42701

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

MARK H. HARVEY, D.M.D.
1602 LAKEWOOD DRIVE
ELIZABETHTOWN, KY 42701

FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):
FEIN: _____ Name: _____

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

Treasurer	ELLEN R. HARVEY	_____
Secretary	ELLEN R. HARVEY	_____
President	MARK H. HARVEY, DMD	_____

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.

MARK H. HARVEY	_____	_____
ELLEN R. HARVEY	_____	_____
_____	_____	_____
_____	_____	_____

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

MARK H. HARVEY	_____	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 MARK H. HARVEY, D.M.D., 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.

X	<u><i>Mark H. Harvey, DMD</i></u>	<u>OWNER</u>	<u>10-27-17</u>
	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. I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct as of today.

X	<u><i>Mark H. Harvey, DMD</i></u>
	Signature of president of the professional service corporation (Required)

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Please indicate the county in which your business operates:

County: HARDIN

To complete the following, please shade the box completely.

Please indicate the size of your business:

- Small (Fewer than 50 employees)
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business's ownership:

- Women-Owned
 Veteran-Owned
 Minority-Owned

Please indicate which of the following best describes your business:

- | | |
|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Services |
| <input type="checkbox"/> Transportation, Communications, Electric, Gas,
and Other Services | <input type="checkbox"/> Public Administration |
| <input checked="" type="checkbox"/> Other <u>DENTIST</u> | |



DANIEL P. BORK
Commissioner

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

October 31, 2017

MARK H. HARVEY, D.M.D., PSC
1602 LAKEWOOD DRIVE
ELIZABETHTOWN KY 42701

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MARK H. HARVEY, D.M.D., PSC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Brad REVX069, Taxpayer Services Specialist II
Division of Corporation Tax
501 High Street, Mail Station 52
Frankfort, KY 40601
Phone# (502) 564-2055
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0527239



**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: 10/31/2017

MARK H. HARVEY, D.M.D., 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,

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

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