

Organization ID # 0605641

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

## Commonwealth of Kentucky

0605641.09

amcray  
PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State

Received and Filed:

1/2/2013 3:44 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 2012 through 2013

RST

**Exact organization name and principal office address**

ADVANCE SLEEP DISORDERS CENTER INC.  
6420 DUTCHMANS PKWY  
STE 190  
LOUISVILLE KY 40222

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

ROBERT KEESAER  
6420 DUTCHMAN'S PKWY, STE 190  
LOUISVILLE, KY 40222

**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

Sole Officer ROBERT KEESAER

6420 Dutchmans Pkwy #190 Louisville Ky  
40222

**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.

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 ADVANCE SLEEP DISORDERS CENTER INC. 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   
Signature of officer or chairman of the board (Required)

Officer  
Title (Required)

1-2-2013  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

January 2, 2013

**ADVANCE SLEEP DISORDERS CENTER INC.  
6420 DUTCHMANS PKWY  
STE 190  
LOUISVILLE KY 40222**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ADVANCE SLEEP DISORDERS CENTER INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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 corporation. 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 0605641



**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](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 01/02/2013

ADVANCE SLEEP DISORDERS CENTER INC.

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 0605641