

Organization ID # 0715349
State of origin KY
Filing fee \$145.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0715349.06 dcornish LRP
Elaine N. Walker, Secretary of State
Received and Filed:
10/4/2011 2:02 PM
Fee Receipt: \$145.00

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 years 2009 through 2011

RST

Exact limited liability company name and principal office address

FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC
PO BOX 1535
BARBOURVILLE KY 40906

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/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

GINAL GOOD
SUITE 3
2886 US KY HWY 1629
CORBIN, KY 40701



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

Ginal Good P.O. Box 1535, Barbourville, Ky 40906

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 275.295. Enclosed is a check in the amount of \$145.00, 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 FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC 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] owner 09/30/11
Signature of member or manager (Required) Title (Required) 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

October 4, 2011

**FAMILY HEALTH CARE ASSOCIATES OF CORBIN, PLLC
PO BOX 1535
BARBOURVILLE KY 40906**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FAMILY HEALTH CARE ASSOCIATES OF CORBIN, 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,

Ellina Alford, Revenue Program Officer
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-2112
FAX# 502-564-0058

Kentucky Secretary of State organization number 0715349