

Organization ID # 0666950
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0666950.06 mstratton
LRPF
Elaine N. Walker, Secretary of State
Received and Filed:
8/12/2011 3:54 PM
Fee Receipt: \$130.00

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 2010 through 2011

RST

Exact limited liability company name and principal office address

CENTRAL KENTUCKY REHABILITATION LLC
255 WEST MAIN STREET
SUITE 121
LEBANON KY 40033

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

JOSEPH H. MATTINGLY
104 WEST MAIN STREET
LEBANON, KY 40033

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.

ERIC MOONEY

DAVID HARMON

TRINA SANDUSKY

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$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 CENTRAL KENTUCKY REHABILITATION LLC 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 Mark Hendricks Authorized Member 08/10/2011
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

August 12, 2011

**CENTRAL KENTUCKY REHABILITATION LLC
255 WEST MAIN STREET
SUITE 121
LEBANON KY 40033**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CENTRAL KENTUCKY REHABILITATION LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009 (FINAL), 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,

Mary Jo Brown, Revenue Auditor
Division of Corporation Tax
501 High Street, 7th Floor, Sta. 52
Frankfort, KY 40601
502-564-7317
FAX# 502-564-0058

Kentucky Secretary of State organization number 0666950