Organization ID # 0110355 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Kentucky Secretary of State Received and Filed:

12/17/2021 7:11 AM Fee Receipt: \$115.00

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Michael G. Adams 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 year 2021

Exact professional service corporation name and principal office address
CRAIG B. WIGGINS, P.S.C.
5 PHYSICIANS PARK DR. SUITE 2
FRANKFORT KY 40601

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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

DR. CRAIG B. WIGGINS # 5 PHYSICIANS PARK DR. SUITE 2 FRANKFORT, KY 40601

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

FEIN:

Name:

de en

FEIN (Optional)

	default to the principal office addres	s. Corporations	s are required to list	a Secretary or othe	Officer serving as rec	olds castodian	
Secretary	SALLY WIGGINS				· · ·		
President	CRAIG WIGGINS						
Vice President	CRAIG WIGGINS						
Directors - List the nar director addresses default to	me And address of all directors (if the principal office address.	applicable).No li	listing of directors Is	s verification that the	corporation has dispe	nsed with directors. If Not spe	cified,
	<u> </u>						
			_			<u> </u>	
		-					
			1				
Shareholders - List t	the name and address of the corp	oration's shareh	nolders. If not speci	ied, shareholder ad	dresses default to the p	orincipal office address.	
SALLY WIGGINS			· · ·				
CRAIG WIGGINS	, to as a super-						
	c						

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$115.00, 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 CRAIG B. WIGGINS, P.S.C. 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 G Cuf U fast Signature of office Or chairman of the board (Required)

Orts destest

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 forgoing Is true And correct as of today.

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

CRAIG B. WIGGINS, P.S.C. # 5 PHYSICIANS PARK DR. SUITE 2 FRANKFORT KY 40601

Notice Date: December 16, 2021

KY SoS Org. ID: 0110355

RE: Letter of Good Standing Request - Approved

SUMMARY You requested a letter of good standing, and your entity is in good standing

with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

You filed income and LLE tax returns as required, or you are exempt from filing.

4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Tonja REV3883, Taxpayer Services Specialist II

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 12/16/2021		
CRAIG B. WIGGINS, P.S.C.		
Dear Sir/Madam:		

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0110355

