

Organization ID # 1016759  
State of origin KY  
Filing fee \$115

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

1016759  
Michael G. Adams  
KY Secretary of State  
Received and Filed

12/3/2024 10:55:26 AM

Fee receipt: \$115.00

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 2024

RST

**Exact limited liability company name and principal office address**

A2Z INJURY CHIROPRACTIC REHAB & WELLNESS CARE, PLLC  
4123 TAYLOR BLVD  
LOUISVILLE KY 40215

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 will be filed.

**Registered Agent and Registered Office Address**

Jeffrey Thompson  
10800 Oak Harbor Dr  
Jeffersontown, KY 40299

**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.

JEFFREY THOMPSON 10800 OAK HARBOR DR JEFFERSONTOWN, KY 40299

County: Jefferson  
Business size: Small  
Business type: Health Services

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to A2Z Injury Chiropractic Rehab & Wellness Care, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: JEFFERY THOMPSON Title: OWNER 12/3/2024



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)

**A2Z Injury Chiropractic Rehab & Wellness Care, PLLC**  
**4123 TAYLOR BLVD**  
**LOUISVILLE KY, 40215**

Notice Date: December 3, 2024  
KY SoS Org. ID: 1016759

**RE:** *Letter of Good Standing Request - Approved*

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**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.
3. 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>.

**AGENT  
INFORMATION**

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

Agent: James REVE277, Taxpayer Services Specialist III  
Email: [James.Sutherland@ky.gov](mailto:James.Sutherland@ky.gov)  
Direct: 502-564-7359