

Organization ID # 0413860  
State of origin KY  
Filing fee \$325.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
4/22/2016 1:45 PM  
Fee Receipt: \$325.00

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 2002 through 2016

RST

**Exact professional service corporation name and principal office address**

THOMAS A. SMITH, M.D., P.S.C.  
742 W. BROADWAY AVE. 312 Main St.  
PAINTSVILLE KY 41240

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**

LINDA SMITH  
713 W. BROADWAY AVE. 312 Main St.  
PAINTSVILLE, KY 41240



**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

President	THOMAS A SMITH	_____
Treasurer	LINDA C SMITH	_____
Secretary	LINDA C SMITH	_____

**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.

_____	_____
_____	_____
_____	_____
_____	_____

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

THOMAS A SMITH	_____
_____	_____
_____	_____

The above entity was administratively dissolved on November 1, 2002 because the entity did not file its annual report for the year 2002. 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 \$325.00, 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 THOMAS A. SMITH, M.D., 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 <u>Thomas A. Smith MD</u>	<u>Owner/Physician</u>	<u>4/15/16</u>
Signature of officer or chairman of the board (Required)	Title (Required)	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.

X <u>Thomas A. Smith MD</u>
Signature of president of the professional service corporation (Required)



**DANIEL P. BORK**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

April 22, 2016

**THOMAS A. SMITH, M.D., P.S.C.**  
**312 MAIN STREET**  
**PAINTSVILLE KY 41240**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **THOMAS A. SMITH, M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-2169  
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0413860



**COMMONWEALTH OF KENTUCKY  
DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
275 E MAIN ST, 2-EH  
FRANKFORT, KY 40621-0001  
(502) 564-2272  
<https://kewes.ky.gov>  
DES.UIT@KY.GOV

Date: 04/21/2016

THOMAS A. SMITH, M.D., P.S.C.

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,

Beverly Dearborn  
Division of Unemployment Insurance  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone: (502) 564-2272

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