Organization ID # 0880961 State of origin

**Commonwealth of Kentucky** Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0880961.06

dcornish **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 1/6/2016 10:40 AM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

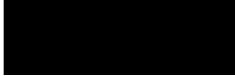
## Reinstatement Application and **Reinstatement Annual Report** For the year 2015

RST

Exact limited liability company name and principal office address RESTORE REHABILITATION, PLLC **462 SOUTH FOURTH STREET, SUITE 2600 LOUISVILLE KY 40202** 

Signature of member or manager (Required)

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.



egistered Agent and Registered Office Address
JAMES BURD
6400 DUTCHMANS PARKWAY
SUITE 80
LOUISVILLE, KY 40205
anagers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.
hristopher L. Nelson, Manager
ne above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 215. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name 21. Itisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.
nder penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax formation pertaining to RESTORE REHABILITATION, PLLC to the Secretary of State, as required for reinstatement pursuant to KRS 118.14-220.
not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Title (Required)

Manager



DANIEL P. BORK
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

January 6, 2016

## RESTORE REHABILITATION, PLLC 462 SOUTH FOURTH STREET, SUITE 2600 LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **RESTORE REHABILITATION**, **PLLC** 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0880961

