

Organization ID # 0492669

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

0492669.06 mstratton LRP

Alison Lundergan Grimes  
 Kentucky Secretary of State  
 Received and Filed:  
 7/1/2014 8:44 AM  
 Fee Receipt: \$130.00

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 2013 through 2014

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

SLEEP DISORDERS CENTER, PLLC  
 3309 LYON DRIVE  
 LEXINGTON KY 40513

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**

JAMES M. THOMPSON, M.D.  
 3121 WALL STREET  
 SUITE 2000  
 LEXINGTON, KY 40513



**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.

JAMES M THOMPSON	
B.T. WESTERFIELD	

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 SLEEP DISORDERS CENTER, PLLC 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 James M Thompson MD member 6/26/2014  
 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

June 30, 2014

**SLEEP DISORDERS CENTER, PLLC  
3309 LYON DRIVE  
LEXINGTON KY 40513**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SLEEP DISORDERS CENTER, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Janice REV1113, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7310  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0492669