

Organization ID # 0343771  
State of origin KY  
Filing fee \$130.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

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PRPF  
Elaine N. Walker, Secretary of State  
Received and Filed:  
7/18/2011 3:03 PM  
Fee Receipt: \$130.00

Elaine N. Walker  
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 2010 through 2011**

**RST**

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

JESSE M. PORTER, D.M.D., P.S.C.  
PO BOX 853  
2104 ARGILLITE RD  
FLATWOODS KY 41139

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

JESSE M. PORTER  
2104 ARGILLITE ROAD  
FLATWOODS, KY 41139

**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

**Sole Officer** JESSE M PORTER

**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.

JESSE M PORTER

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$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 JESSE M. PORTER, D.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 Jesse M. Porter DMD  
Signature of officer or chairman of the board (Required)

owner  
Title (Required)

07/15/2011  
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.

X Jesse Mark Porter DMD  
Signature of president of the professional service corporation (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

July 18, 2011

**JESSE M. PORTER, D.M.D., P.S.C.**  
**PO BOX 853**  
**2104 ARGILLITE RD**  
**FLATWOODS KY 41139**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JESSE M. PORTER, D.M.D., P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2009, 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,

Jessica Honican, Revenue Auditor II  
Division of Corporation Tax  
501 High Street, 6th Floor, Sta.69  
Frankfort, KY 40601  
502-564-2169  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0343771



**EDUCATION and WORKFORCE DEVELOPMENT CABINET  
OFFICE OF EMPLOYMENT AND TRAINING**

**Steven L. Beshear**  
Governor

Tax Enforcement Branch  
275 East Main Street, 2-EH  
Frankfort, Kentucky 40621  
Phone (502) 564-2272  
Fax (502) 564-5442  
[www.oet.ky.gov](http://www.oet.ky.gov)

**Joseph U. Meyer**  
Secretary

**William Monterosso**  
Executive Director

Date: 07/18/2011

JESSE M. PORTER, D.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,

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

Kentucky Secretary of State organization number 0343771