

Organization ID # 0836971

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0836971.06

dornish

LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/29/2015 12:58 PM
Fee Receipt: \$115.00

RST

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

Exact limited liability company name and principal office address

CORE4 THERAPY GROUP, LLC
120 KENTUCKY AVE, SUITE 120
LEXINGTON KY 40502

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/itsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ROBIN S. DOWNING
2800 NEWTOWN PIKE
LEXINGTON, KY 40511

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.

ROBIN STRODE DOWNING

CATHERINE E CHAMBERLAIN

GLENDAS COLE

MELISSA DANIELLE ECKMAN

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$115.00, 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 CORE4 THERAPY GROUP, LLC 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

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

September 28, 2015

**CORE4 THERAPY GROUP, LLC
120 KENTUCKY AVE, SUITE 110
LEXINGTON KY 40502**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CORE4 THERAPY GROUP, LLC** has filed Kentucky Income Tax Returns through the tax year ended December 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,

Gary REV1282, Revenue Program Officer
Division of Corporation Tax
501 High Street, Mail Sta.52
Frankfort, KY 40601
502-564-7281
FAX# 502-564-0058

Kentucky Secretary of State organization number 0836971