Organization ID # 0797472 **Commonwealth of Kentucky** State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 7/13/2018 1:25 PM Fee Receipt: \$130.00

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 years 2017 through 2018

Exact organization name and principal office address THE COMPRESSION INSTITUTE, INC. 6681 PLUMB ROAD **GALENA OH 43021**

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

Registered Agent and Registered Office Address

GOFORTH & HERRON, PSC 317 TOWNEPARK CIRCLE SUITE 100 LOUISVILLE, KY 40243

If the above company is included in a parent company's Kentucky tax return as a disregarded

company's information here (optional): FEIN: Name:

FEIN (O	ntional)		

Chairman	DR. ROBERT W HALL	
Treasurer	WAYNE A LINDHOLM	
Executive	DAVID S VEECH	
Directors - Non-proffice address.	ofit corporations must have at least three (3) directors. A	directors of the non-profit must be listed. If not specified, director addresses default to the principal
		directors of the non-profit must be listed. If not specified, director addresses default to the principal
office address.		directors of the non-profit must be listed. If not specified, director addresses default to the principal
office address. ANDREW WARF		I directors of the non-profit must be listed. If not specified, director addresses default to the principal

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 273.3181. 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 THE COMPRESSION INSTITUTE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an office of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Website: www.revenue.kv.gov

July 13, 2018

0797472

Phone: 502-564-8139 502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

THE COMPRESSION INSTITUTE, INC. 6681 PLUMB ROAD GALENA OH 43021

Letter of Good Standing Request - Approved

SUMMARY

RE:

You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/ consumerprotection/charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Ramon REV4636, Taxpayer Services Specialist I

Email: Ramon.Juanso@ky.gov

Direct: 502-564-2169