

Organization ID # 0027473
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0027473.09 amcray NPRF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/26/2012 1:48 PM
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 2011 through 2012

RST

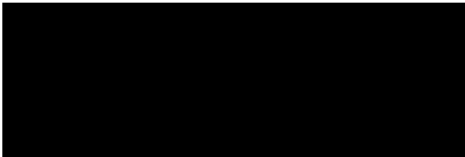
Exact organization name and principal office address

KENTUCKY CHIROPRACTIC SOCIETY, INC.
2815 BARDSTOWN ROAD
LOUISVILLE KY 40205

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

PHILLIP J MORRIS DC
2815 BARDSTOWN RD
LOUISVILLE, KY 40205



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

President	PHILIP MORRIS DC	_____
Secretary	MARY BETH NELSON	_____
Secretary	NANCY E. BREWER	_____

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

MARK GREEN, D.C.	_____	_____
PHILIP SIMPSON D.C.	_____	_____
PHILIP BOWLES D.C.	_____	_____
JOHN JONES D.C.	_____	_____
PHILIP SIMPSON	_____	_____

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 KENTUCKY CHIROPRACTIC SOCIETY, INC. 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 Phillip J. Morris
Signature of officer or chairman of the board (Required)

President
Title (Required)

Jan. 25, 2012
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

January 26, 2012

**KENTUCKY CHIROPRACTIC SOCIETY, INC.
2815 BARDSTOWN ROAD
LOUISVILLE KY 40205**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKY CHIROPRACTIC SOCIETY, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

James Sutherland, Revenue Program Officer
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-7359
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0027473