Organization ID # 0749877 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/23/2015 12:27 PM Fee Receipt: \$115.00

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 year 2015

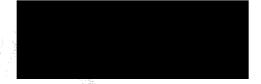
RST

Exact professional service corporation name and principal office address MATHIS THERAPY AND SENSORY LEARNING CENTER, PSC 3135 ZION ROAD **SUITE A HENDERSON KY 42420** 

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

KATHY C. MATHIS 3135 ZION ROAD SUITE A HENDERSON, KY 42420



President	KATHY C. MATHIS		
			Section 1
	name and address of all directors (if ap	oplicable).No listing of directors is verification	that the corporation has dispensed with directors. If not specified
		10 m	
	**************************************		20 mm
Shareholders - L	ist the name and address of the corpor	ation's shareholders. If not specified, shareho	older addresses default to the principal office address.
KATHY C. MATH	IS	and the second s	
		N 14.	

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 271B.14-210. 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 MATHIS THERAPY AND SENSORY LEARNING CENTER, PSC 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.

$\sim$ /	•	• •			
Xxth C Mothis	_ Chairman of Board / owner	10-21-15			
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)			
Continued of Professional Sources Company					

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.
I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

gnature of president of the professional service corporation (Required)



## **COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 10/23/2015

MATHIS THERAPY AND SENSORY LEARNING CENTER, PSC

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,

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

Kentucky Secretary of State organization number 0749877





THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

October 23, 2015

MATHIS THERAPY AND SENSORY LEARNING CENTER, PSC 3135 ZION ROAD SUITE A HENDERSON KY 42420

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MATHIS THERAPY AND SENSORY LEARNING CENTER**, **PSC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0749877

