

Organization ID # 0991279  
State of origin KY  
Filing fee \$190

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0991279  
Michael G. Adams  
KY Secretary of State  
Received and Filed

11/7/2023 5:13:16 PM

Fee receipt: \$190.00

PRPF

Michael G. Adams  
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 2018 through 2023**

**RST**

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

**DYNAMIC HEALTH CHIROPRACTIC INC PROFESSIONAL SERVICE CORPORATION**  
2317 LONE OAK RD  
SUITE E  
PADUCAH KY 42003

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 will be filed.

**Registered Agent and Registered Office Address**

MERCEDES ROBINSON  
2317 LONE OAK RD  
SUITE E  
Paducah, KY 42003

The above entity was administratively dissolved on 10/16/2018 because the entity did not file its annual report for the year 2018. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to DYNAMIC HEALTH CHIROPRACTIC INC Professional Service Corporation to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **MERCEDES ROBINSON** Title: **PRESIDENT** 11/7/2023

**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 foregoing is true And correct as of today.



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**DYNAMIC HEALTH CHIROPRACTIC INC Professional** Notice Date: November 7, 2023  
**Service Corporation** KY SoS Org. ID: 0991279  
**125 AUGUSTA AVE SUITE E**  
**Paducah KY, 42003**

**RE:** *Letter of Good Standing Request - Approved*

**SUMMARY** 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.

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**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: James REVE277, Taxpayer Services Specialist II  
Email: [James.Sutherland@ky.gov](mailto:James.Sutherland@ky.gov)  
Direct: 502-564-7359



**COMMONWEALTH OF KENTUCKY  
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH  
EMPLOYER STATUS SECTION  
P.O. Box 948  
FRANKFORT, KY 40602-0948  
(502) 564-2272  
<https://kewes.ky.gov>  
UITax@KY.GOV

Date: 11/07/2023

DYNAMIC HEALTH CHIROPRACTIC INC Professional Service Corporation

Dear Sir/Madam:

**KRS 14A.7-030(1)(f) CERTIFICATE**

The Office 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,

Samantha Tabor  
Office of Unemployment Insurance  
PO Box 948  
Frankfort, Kentucky 40602-0948  
Phone: (502) 564-2272  
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0991279