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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
9/18/2015 8:24 AM
Fee Receipt: \$115.00

Organization ID # 0593180
State of origin KY

Commonwealth of Kentucky

9/15/2015



Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State 0593180

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

RST

For the year 2015

Exact organization name and principal office address 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/ftssearch or can be downloaded from our website.

PINNACLE PHYSICAL THERAPY, INC.
9204 TAYLORSVILLE ROAD
SUITE 101
LOUISVILLE KY 40299

Registered Agent and Registered Office Address

FEIN (Optional)

DAVID LANE BROWN
9204 TAYLORSVILLE ROAD
SUITE 101
LOUISVILLE, KY 40299

20-1432120

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	DAVID LANE BROWN	
Secretary	DAVID LANE BROWN	
Treasurer	BRIAN JOEL WOODRUFF	
Vice President	BRIAN JOEL WOODRUFF	

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

DAVID LANE BROWN	
BRIAN JOEL WOODRUFF	

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 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 PINNACLE PHYSICAL THERAPY, 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 David Brown
Signature of officer or chairman of the board (Required)

President
Title (Required)

9/15/15
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 17, 2015

PINNACLE PHYSICAL THERAPY, INC.
9204 Taylorsville Road
Suite 101
Louisville KY 40299

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PINNACLE PHYSICAL THERAPY, INC.** 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Holly REVX186, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7263
FAX# 502-564-0058

Kentucky Secretary of State organization number 0593180



**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: 09/17/2015

PINNACLE PHYSICAL THERAPY, INC.

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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0593180