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LRPF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
1/29/2015 3:30 PM  
Fee Receipt: \$115.00

Organization ID # 0852384  
State of origin KY  
Filing fee \$115.00  
**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State** 0852384

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 2014**

**RST**

**Exact limited liability company name and principal office address**

**FAMILY THERAPY OF LOUISVILLE, LLC**  
~~431 COUNTRY LANE~~ 161 St. Matthew Ave #18  
LOUISVILLE KY 40207

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the



**Registered Agent and Registered Office Address**

ANTHONY A. WAITS  
11802 BRINLEY AVENUE  
SUITE 201  
LOUISVILLE, KY 40243

FEIN (Optional)

46-2283304

**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

Jennifer C Hertz LCSW 431 Country Lane Louisville, ky 40207  
161 St. Matthew Ave #18 Louisville, ky 40207

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 275.295. 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 FAMILY THERAPY OF LOUISVILLE, LLC 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 Jennifer C Hertz  
Signature of member or manager (Required)

Member  
Title (Required)

10-22-14  
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 29, 2015

**FAMILY THERAPY OF LOUISVILLE, LLC  
431 COUNTRY LANE  
LOUISVILLE KY 40207**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FAMILY THERAPY OF LOUISVILLE, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Darrell REVX023, Revenue Auditor II  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2127  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0852384