

Organization ID # 0555485

State of origin KY

Filing fee \$115

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

0555485  
Michael G. Adams  
KY Secretary of State  
Received and Filed

10/31/2023 1:50:43 PM

Fee receipt: \$115.00

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 year 2023

RST

Exact organization name and principal office address

BLAIR MEDICAL SUPPLIES, INC.  
PO BOX 1600  
723 PARKWAY DRIVE  
SALYERSVILLE KY 41465

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

PHYLLIS A BLAIR  
723 PARKWAY DRIVE  
P.O. BOX 1600  
SALYERSVILLE, KY 41565

**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 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

President	PHYLLIS BLAIR	99 WEST PUNCHEON CRK SALYERSVILLE KY 41465
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The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 BLAIR MEDICAL SUPPLIES, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: **Phyllis Blair** Title: **president/ owner** 10/31/2023



**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

**BLAIR MEDICAL SUPPLIES, INC.**  
**PO BOX 1600 723 PARKWAY DRIVE**  
**SALYERSVILLE KY, 41465**

Notice Date: October 31, 2023  
KY SoS Org. ID: 0555485

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

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**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.

**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: Cory REV4079, Revenue Auditor III  
Email: [Cory.Johnson@ky.gov](mailto:Cory.Johnson@ky.gov)  
Direct: (502) 564-7370



**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: 10/31/2023

BLAIR MEDICAL SUPPLIES, INC.

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 0555485