Organization ID # 0623286 State of origin

Alison Lundergan Grimes

Secretary of State P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

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PRPF Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 2/15/2012 3:13 PM Fee Receipt: \$130.00

Reinstatement Application and **Reinstatement Annual Report** For the years 2011 through 2012

731

Exact professional service corporation name and principal office address

JUSTIN L. LAWRENCE, P.S.C. 6900 HOUSTON RD **STE 19 FLORENCE KY 41042**

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

JUSTIN L. LAWRENCE 6900 HOUSTON RD **STE 19** FLORENCE, KY 41042



| | - List the name, address and title of all current default to the principal office address. Corporation | | | | |
|--|--|---|---|---|---|
| Sole Officer | JUSTIN LEE LAWRENCE | | | 1 1 Y | |
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| | | | | | 27 98 |
| | | | | (d) | |
| | ame und address of all directors (if applicable).No | o listing of director | rs is verification that the corpor | ation has dispens | ed with directors. If not specified, |
| | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | St. St. | W |
| | | | | A | ₩ V |
| | · · · · · · · · · · · · · · · · · · · | | No. of the second | | |
| | | | | | |
| Shareholders - List JUSTIN LEE LAW | t the riame and address of the corporation's sha | reholders. If not sp | ecified, shareholder addresses | s default to the pri | incipal office address. |
| 2011. The undersign satisfies the requirer Under penalty of per | s administratively dissolved on Septined states that the grounds for dissoments of KRS 271B.14-210. Enclose rjury, the below signed hereby authong to JUSTIN L. LAWRENCE, P.S.C. | lution either d d is a check i rizes the Kent | id not exist or have been the total the samount of \$130.0 tucky Department of Re | en eliminated)0, payable to evenue to rele | , and the entity's name o Kentucky State Treasurer. ease any applicable tax |
| If not an officer of sa | aid entity, please provide a Declaration | on of Power o | f Attorney with the Reir | nstatement A | pplication. |
| X Justy | a durence | _ | Title (Required) | | 2/10/2012 |
| Signature of officer | or effairman of the board (Required) | | Title (Required) | | Date (Required) |

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.

ture of president of the professional service corporation (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov

Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 02/15/2012

JUSTIN L. LAWRENCE, P.S.C.

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,

Courtney Hackworth Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0623286





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

February 15, 2012

JUSTIN L. LAWRENCE, P.S.C. 6900 HOUSTON RD STE 19 FLORENCE KY 41042

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **JUSTIN L. LAWRENCE**, **P.S.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Jessica Martin, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7311 FAX# 502-564-0058

Kentucky Secretary of State organization number 0623286

