Organization ID # 0528788 State of origin

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

0528788.09

amcray PRPF

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 8/15/2013 8:34 AM Fee Receipt: \$130.00

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 years 2012 through 2013

RST

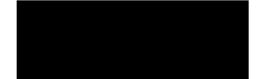
Exact professional service corporation name and principal office address

WILLIAM H. SMYTHE, IV, D.M.D., PSC **5141 DIXIE HIGHWAY SUITE 202 LOUISVILLE KY 40216** 

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

WILLIAM H. SMYTHE, IV 5141 DIXIE HIGHWAY **SUITE 202** LOUISVILLE, KY 40216



	rs - List the name, address and title of all current officers. ses default to the principal office address. Corporations are n		
President	WILLIAM H. SMYTHE, IV		
	name and address of all directors (if applicable). No listing of the principal office address.	of directors is verification that the corporatio	n has dispensed with directors. If not specified,
arector addresses detail	in to the philaparonice address.		
Sharahaldars	List the name and address of the corporation's shareholders	s. If not energified, shareholder addresses de	fault to the principal effice address
WILLIAM H. SM		s. in not specified, shareholder addresses de	raun to the principal unice address.
2012. The undersi	was administratively dissolved on September igned states that the grounds for dissolution erements of KRS 271B.14-210. Enclosed is a	either did not exist or have been e	eliminated, and the entity's name
Under penalty of p information pertair KRS 271B.14-220	perjury, the below signed hereby authorizes the hing to WILHAM H. SMYTHE, IV, D.M.D., PS	ne Kentucky Department of Reve C to the Secretary of State, as re	nue to release any applicable tax equired for reinstatement pursuant to
x LM	Aaid entity, please provide a Declaration of P	ower of Attorney with the Reinsta	atement Application. 8-5-13
I, president of said and treasurer of the	er or chairman of the board (Required)	Title (Required)  ssional Service Corporation  not less than half of the directors  ualified as provided in KRS Chap	Date (Required)  5, and all officers other than secretary oter 274 and a copy of such annual
Signature of pres	sident of the professional service corporation (Required)	•	



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

August 14, 2013

WILLIAM H. SMYTHE, IV, D.M.D., PSC 5141 DIXIE HIGHWAY SUITE 202 LOUISVILLE KY 40216

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **WILLIAM H. SMYTHE, IV, D.M.D., PSC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Danielle Harris, Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2104 FAX# 502-564-0058

Kentucky Secretary of State organization number 0528788





## 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 Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 08/14/2013

WILLIAM H. SMYTHE, IV, D.M.D., PSC

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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0528788

