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## Commonwealth of Kentucky Michael G. Adams, Secretary of State

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 years 2011 through 2020

**RST** 

Exact professional service corporation name and principal office address C. DAVID KEEN, P.S.C. 316 E. 10TH AVE. BOWLING GREEN KY 42101  Registered Agent and Registered Office Address C. DAVID KEEN 316 E. 10TH AVE. BOWLING GREEN, KY 42101		The principal office address and registered agent name/office address cannot be changed on this form. When remaining, you cannot modify the addresses until the reinstatement is fied. Once the reinstatement is fied. The statement of change can be fied online at age_ace.kx_govffisearch or can be downloaded from our website.  FEIN (Optional)
Principal Officers - L specified, officer addresses def Sole Officer	ist the name, address and title of all current officers. All organizations must list aut to the principal office address. Corporations are required to list a Secretary C DAVID KEEN	at least one (1) officer, even in the case of a sole officer. If not or other officer serving as records custodian
Sole Officer	C DAVID RELIV	
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 C DAVID KEEN	e principal office address.	
Shareholders - List the C DAVID KEEN	name and address of the corporation's shareholders. If not specified, shareholders.	older addresses default to the principal office address.
2011. The undersigned	administratively dissolved on September 10, 2011 because is states that the grounds for dissolution either did not exist nts of KRS 271B.14-210. Enclosed is a check in the amou	or have been eliminated, and the entity's name
	y, the below signed hereby authorizes the Kentucky Depa to C. DAVID KEEN, P.S.C. to the Secretary of State, as re	
	entity, please provide a Declaration of Power of Attorney of	124/29/2021
Signature of officer Or of	chairman of the board (Required) Title (Re	guired) 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.

I hereby certify that I am authorized to submit this annual report, And I declare under penalty of perjury under the laws of Kentucky that the forgoing is true And correct as of today.