0922190.09

vmiller PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 6/7/2019 11:56 AM Fee Receipt: \$160.00

# Organization ID # 0922190 Commonwealth of Kentucky State of origin KY Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

271B.14-220.

## Reinstatement Application and Reinstatement Annual Report For the years 2016 through 2019

**RST** 

Exact organization name and principal office address BROCK FAMILY THERAPY CENTER INC 6016 FAIRRIDGE CT LOUISVILLE KY 40229	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		
Angela C Brock 6016 FAIRRIDGE CT Louisville. KY 40229		
If the above company is included in a parent company's Kentucky tax return	as a disregarded a	
company's information here (optional): FEIN: Name:	ao y diaregardos d	
Principal Officers - List the name, address and title of all current officers. All organ specified, officer addresses default to the principal office address. Corporations are required to	nizations must list at least one (1) officer, even in the case of a sole officer. If not	
	10300 Brookridge Village Blod Suite lan	Louisalle
President Angela Brock 1 Vice-President	Topoo Brook lage Oringe Blog sale 1.	K4 402°
Secretary		th dos
Treasurer		
Treasurer		
<b>Directors</b> - List the name And address of all directors (if applicable). No listing of director addresses default to the principal office address.	ors Is verification that the corporation has dispensed with directors. If Not specified,	
around databased databases to the principal amos database.		
The above entity was administratively dissolved on October 1, 2016 b	pecause the entity did not file its appual report for the year 2016	
The undersigned states that the grounds for dissolution either did not		
requirements of KRS 271B.14-210. Enclosed is a check in the amount	nt of \$160.00, payable to Kentucky State Treasurer.	

ident

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Brock Family Therapy Center Inc to the Secretary of State, as required for reinstatement pursuant to KRS

If not ap-officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

**Brock Family Therapy Center Inc** 10300 Brookridge Villiage BLVD **SUite 104** Louisville KY 40291

Notice Date: June 7, 2019 KY SoS Org. ID: 0922190

RE: Letter of Good Standing Request - Approved

You requested a letter of good standing, and your entity is in good **SUMMARY** 

**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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099



## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 06/07/2019	
Brock Family Therapy Center In	nc
Dear Sir/Madam:	
ı	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,

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

Kentucky Secretary of State organization number 0922190

