

Organization ID # 0807594

State of origin KY

Filing fee \$115.00

# Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

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PRPF

Alison Lundergan Grimes  
Kentucky Secretary of State

Received and Filed:

10/30/2018 8:59 AM

Fee Receipt: \$115.00

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 year 2018

RST

**Exact professional service corporation name and principal office address**

LOUISVILLE PODIATRY, P.S.C.  
2525 BARDSTOWN ROAD  
LOUISVILLE KY 40205

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](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

ALAN K. MAUSER, D.P.M.  
2525 BARDSTOWN ROAD  
LOUISVILLE, KY 40205

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**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 sole 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 custodian

President ALAN K MAUSER

**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 principal office address.

**Shareholders** - List the name and address of the corporation's shareholders. If not specified, shareholder addresses default to the principal office address.

ALAN K MAUSER

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LOUISVILLE PODIATRY, P.S.C. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X

Signature of officer or chairman 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.

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 foregoing is true and correct as of today.

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0807594

*Please indicate the county in which your business operates:*

County: Jefferson

*If any information below has changed, please place an "X" in the appropriate boxes.*

*Please indicate the size of your business:*

- ☒ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

*Please indicate whether any of the following make up more than fifty percent (50%) of your business's ownership:*

- ☐ Women-Owned  
☐ Veteran-Owned  
☐ Minority-Owned

*Please indicate which of the following best describes your business:*

- |                                                                                              |                                                          |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Agriculture                                                         | <input type="checkbox"/> Wholesale Trade                 |
| <input type="checkbox"/> Mining                                                              | <input type="checkbox"/> Retail Trade                    |
| <input type="checkbox"/> Construction                                                        | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Manufacturing                                                       | <input checked="" type="checkbox"/> Services             |
| <input type="checkbox"/> Transportation, Communications, Electric, Gas,<br>Sanitary Services | <input type="checkbox"/> Public Administration           |
| <input type="checkbox"/> Other                                                               |                                                          |



**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

**LOUISVILLE PODIATRY, P.S.C.**  
**2525 BARDSTOWN ROAD**  
**LOUISVILLE KY 40205**

Notice Date: October 29, 2018  
KY SoS Org. ID: 0807594

**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.

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**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.

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**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>.

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**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](mailto:John.Cornett@ky.gov)  
Direct: 502-564-2099

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**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: 10/29/2018

LOUISVILLE PODIATRY, 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,

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 0807594