

Organization ID # 0938194
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0938194.06

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LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/27/2017 2:48 PM
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 2016 through 2017

RST

Exact limited liability company name and principal office address

BLUEGRASS FAMILY CHIROPRACTIC, PLLC
101 TOWN AND COUNTRY LANE SUITE 103 E
HAZARD KY 41701

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

Leyton Parker Childers
101 Town and Country Lane Suite 103 E
Hazard, KY 41701

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

NAME: _____ Name: _____

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 275.295. Enclosed is a check in the amount of \$130.00, 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 Bluegrass Family Chiropractic, PLLC 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.

Please indicate the county in which your business operates:

County: FLOYD

To complete the following, please shade the box completely.

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 ownership:

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

Please indicate which of the following best describes your business:

☐ Agriculture ☐ Mining ☒ Services ☐ Construction
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☐ Finance, Insurance, Real Estate
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services
☐ Other

X

[Signature]
Signature of member or manager (Required)

Owner

Title (Required)

02/15/2017

Date (Required)



DANIEL P. BORK
Commissioner

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

March 27, 2017

**Bluegrass Family Chiropractic, PLLC
101 Town and Country Lane Suite 103 E
Hazard KY 41701**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Bluegrass Family Chiropractic, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0938194