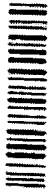


Organization ID # 0315795
State of origin KY
Filing fee \$235.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



0315795

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 2012 through 2020

RST

Exact professional service corporation name and principal office address
SUNRISE CHIROPRACTIC CENTER, P.S.C.
966 COMMERCIAL DR.
RICHMOND KY 40475

The principal office address and registered agent name/office address cannot be changed on this form. When re-filing, the principal office address and registered agent name/office address must be the same as the address and name/office address on the last statement of change. The principal office address and registered agent name/office address can be changed on the statement of change only if the change is made within 60 days of the date of filing.

Registered Agent and Registered Office Address
DANNY M. MCCASLIN, D.C.
966 COMMERCIAL DR.
RICHMOND, KY 40475

FEIN (Optional)

61-1241523

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent 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, enter address default to the principal office address. Corporations are required to list a Secretary or other officer serving in secretarial position.
Sole Officer: DANNY M. MCCASLIN, D.C. 1211 Leslie Court Richmond, KY 40475

Directors - List the name and address of all directors of application. No listing of directors is required if the corporation has a quorum with directors. If not specified, enter address default to the principal office address.
1/1/1

Shareholders - List the name and address of the corporation's shareholders. If not specified, enter address default to the principal office address.
DANNY M. MCCASLIN 1211 Leslie Court Richmond, KY 40475

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for 2012. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity satisfies the requirements of KRS 271B 14-210. Enclosed is a check in the amount of \$235.00, payable to Kentucky Department of Revenue, to release the entity from the administrative dissolution. The Kentucky Department of Revenue is required to release the entity from the administrative dissolution if the entity provides the required information pertaining to SUNRISE CHIROPRACTIC CENTER, P.S.C. to the Secretary of State, as required for KRS 271B 14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.
Signature of officer of the board (if required):
The (if 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 and treasurers of the professional service corporation are duly qualified as provided in KRS Chapter 274. And a copy of this 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.



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

SUNRISE CHIROPRACTIC CENTER, P.S.C.
966 COMERCIAL DR.
RICHMOND KY 40475

Notice Date: April 17, 2020
KY SoS Org. ID: 0315795

RE: *Letter of Good Standing Request - Approved*

SUMMARY You requested a letter of good standing, and your entity is in **good 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: Megan REVY099, Taxpayer Services Specialist I
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310



**COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
P.O. Box 948
FRANKFORT, KY 40602-0948
(502) 564-2272
<https://kewes.ky.gov>
UITax@KY.GOV

Date: 04/17/2020

SUNRISE CHIROPRACTIC CENTER, P.S.C.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phone: (502) 564-2272
Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0315795