Organization ID # 0648813
State of origin KY
Filing fee $115.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of S

0648813.06 balimonos LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/6/2015 3:23 PM
Fee Receipt: $115.00

RST

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 2015

Exact limited liability company name and principal office address
BECKER NEUROLOGICAL INSTITUTE, PLLC
565 CENTRE VIEW BLVD.
CRESTVIEW HILLS KY 41017

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
PHILIP SCOTT BECKER, M.D.
886 ROSEWOOD DRIVE
VILLA HILLS, KY 41017

[redacted]

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.

PHILIP SCOTT BECKER

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 $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 BECKER NEUROLOGICAL INSTITUTE, 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.

X [signature] CEO 10/1/15
Signature of member or manager (Required) Title (Required) Date (Required)

THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2015

BECKER NEUROLOGICAL INSTITUTE, PLLC
565 CENTRE VIEW BLVD.
CRESTVIEW HILLS KY 41017

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BECKER NEUROLOGICAL INSTITUTE, PLLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-2057
FAX# 502-564-0058

Kentucky Secretary of State organization number 0648813