Organization ID # 1042300 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

1042300.09

sburgin NPRF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/20/2019 9:15 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 2019

RST

Date (Required)

Exact organization name and principal office address
KIK FAMILY FOUNDATION, INC.
306 FOX CHASE CIRCLE
MADISONVILLE KY 42431

Signature of officer Or chairman of the board (Required)

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 a	and Registered Office Address	FEIN (Outlewell)
BRETT B.		
306 FOX C	CHASE CIRCLE	
	VILLE, KY 42431	
	is included in a parent company's Kentuck	y tax return as a disregarde
company's information FEIN:	n nere (optional): Name:	
FENN	Name	
		fficers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not
specified, officer addresses President	· · · · · · · · · · · · · · · · · · ·	s are required to list a Secretary or other officer serving as records custodian 306 Fox Chase Circle Magisonville Ky 42 431
Vice-President		3,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0
Secretary		
Treasurer		
Directors - Non-profit office address.	t corporations must have at least three (3) directors.	All directors of the non-profit must be listed. If Not specified, director addresses default to the principal
BRETT KIK	306	Fox Chase Circle Midisportile Ky 4243
GNENDOLYN I	KIK	
ABBY KIK		
HANNAH KIGL	/	
The above entity wa	s administratively disselved on Ostobe	er 16, 2019 because the entity did not file its annual report for the year 2019.
		her did not exist or have been eliminated, and the entity's name satisfies the
		amount of \$115.00, payable to Kentucky State Treasurer.
Under penalty of per	riury, the below signed hereby authoriz	es the Kentucky Department of Revenue to release any applicable tax
		to the Secretary of State, as required for reinstatement pursuant to KRS
271B.14-220.		
If not an officer of sa	aid entity, please preside a Declaration	of Power of Attorney with the Reinstatement Application.
v /		Pres 11.13.19
X '/		tres 11.13.19

Title (Required)

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

502-564-0058 Fax:

KIK FAMILY FOUNDATION, INC. 306 FOX CHASE CIRCLE **MADISONVILLE KY 42431**

Notice Date: November 19, 2019 KY SoS Org. ID:

1042300

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: Nicole REVX129, Taxpayer Services Specialist II

Email: Nicole.McTiernan@ky.gov

Direct: 502-564-2062

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

502-564-0058 Fax:

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