| Organization ID # 0<br>State of origin K<br>Filing fee \$145.00   | 0856942.09 balimonos<br>PRPF<br>Alison Lundergan Grimes<br>Kentucky Secretary of State<br>Received and Filed:<br>1/29/2018 1:47 PM |  |   |   |  |
|---|--|--|---|---|--|
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov |  | Reinstatement Application and<br>Reinstatement Annual Report<br>For the years 2015 through 2017            |   | Fee Receipt: \$145.00                                 |  |
| Exact organization name and principal office address<br>FRANCIS & HOWARD APARTMENTS, INC.<br>P. O. BOX 952<br>BELFRY KY 41514         |  |  | The principal office address and registered agent<br>name/office address cannot be changed on this<br>form. When reinstating, you cannot modify the<br>addresses until the reinstatement is filed. Once the<br>reinstatement is filed, the statement of change can be<br>filed online at <u>app.sos.ky.gov/ftsearch</u> or can be<br>downloaded from our website. |   |  |
| company's information her   | CIS<br>FORK<br>567<br>Included in a parer<br>re (optional):  | ice Address<br>t company's Kentucky tax return as a c  |   |   |  |
| Principal Officers - Lis<br>specified, officer addresses defa   | ist the name, addres<br>ault to the principal of   | s and title of all current officers. All organization<br>fice address. Corporations are required to list a | ns must list at least one (1) officer, even<br>Secretary or other officer serving as re-  | in the case of a sole officer. If not cords custodian |  |
| President   | ANTHONY  | D FRANCIS  |   | · · · · · · · · · · · · · · · · · · ·                 |  |
| Secretary   | JOHN D H   | DWARD  |   |   |  |
| Vice President  | STEVE FR   | ANCIS  |   |   |  |
| Directors - List the name<br>director addresses default to the  |  | rectors (if applicable).No listing of directors is v<br>ess.   | erification that the corporation has disp   | ensed with directors. If not specified,               |  |

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 271B.14-210. Enclosed is a check in the amount of \$145.00, 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 FRANCIS & HOWARD APARTMENTS, Inc. to the Secretary of State, as required for reinstatement pursuant to KRS 2718.14,220.

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

Signature of officer or chairman of the board (Required)

PRESIDEN T Title (Required)

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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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 01/29/2018

FRANCIS & HOWARD APARTMENTS, Inc.

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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0856942





| FRANCIS & HOWAI<br>P. O. BOX 952<br>BELFRY KY 41514 | RD APARTMENTS, Inc.   | Notice Date:<br>KY SoS Org. ID:   | January 29, 2018<br>0856942 |  |  |
|---|---|---|-----------------------------|--|--|
| RE:   | Letter of Good Standing Request - Approved  |   |                             |  |  |
| SUMMARY   | You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.   |   |                             |  |  |
| OUR DETERMINATION                                   | <ol> <li>We verified the following information</li> <li>You are registered with the Dept</li> <li>An authorized person requested</li> <li>You filed income and LLE tax refrom filing.</li> <li>You have no outstanding tax ass<br/>Collections or have a valid pay a</li> </ol>                               | artment of Revenue.<br>this letter.<br>eturns as required, or<br>sessments with the Di<br>agreement in place.   | ivision of                  |  |  |
| WHAT YOU NEED TO DO                                 | <ul> <li>copy of this letter to the Kentuch of the notice date above.</li> <li>2. If you are a for-profit corpora the Secretary of State a letter of Unemployment Insurance. Their</li> <li>3. If you are a non-profit entity, pyour tax returns with the Kentuc filing requirements website is: h</li> </ul> | <b>If you are attempting to reinstate your entity,</b> please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.<br><b>If you are a for-profit corporation,</b> 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.<br><b>If you are a non-profit entity,</b> 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<br>INFORMATION                              | If you have any questions regarding this notice, please contact me. Thank<br>you.<br>Agent: Rada REV6015, Taxpayer Services Specialist II<br>Email: Rada.Moravac@ky.gov<br>Direct: 502-564-7336   |   |                             |  |  |