Organization ID # 0579699 Commonwealth of Kentucky State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0579699.09

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 10/13/2015 2:00 PM 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 2015

**Exact organization name and principal office address** 

GOD'S HELPING HANDS OF PULASKI COUNTY INCORPORATED **1233 PINE HILL ROAD SOMERSET KY 42503** 

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

MAZE BOBBITT 1233 PINE HILL ROAD SOMERSET, KY 42503



		ns are required to list a Secretary or other officer serv	
President	MAZE BOBBITT		
Secretary	SANDY GRIFFITH		
	19		
		· · · · · · · · · · · · · · · · · · ·	
<b>Directors</b> - Non-prooffice address.	fit corporations must have at least three (3) director	s. All directors of the non-profit must be listed. If not sp	pecified, director addresses default to the principal
BONNIE TURNEI	R		
KIM AUSTIN			
PAMELA BURTO	N		
LOUANNA CHAN	ICY		
LUCILLE ADDY			·
2015. The undersign	gned states that the grounds for dissol	mber 12, 2015 because the entity did no ution either did not exist or have been eli a check in the amount of \$115.00, payal	minated, and the entity's name
information pertain	erjury, the below signed hereby author ing to GOD'S HELPING HANDS OF P uant to KRS 271B.14-220.	izes the Kentucky Department of Revent ULASKI COUNTY INCORPORATED to t	ue to release any applicable tax he Secretary of State, as required for
If not an officer of	said entity, please provide a Declaratio	n of Power of Attorney with the Reinstate	ement Application.
x Mas	& Dollate + Rhoders	President	10-9-15
Signature of office	er or chairman of the board (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 13, 2015

## GOD'S HELPING HANDS OF PULASKI COUNTY INCORPORATED 1233 PINE HILL ROAD SOMERSET KY 42503

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **GOD'S HELPING HANDS OF PULASKI COUNTY INCORPORATED** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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 corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0579699

