| Organization ID # State of origin Filing fee \$160.00 | KY | Commonweal Lundergan Grii | th of Kentucky nes, Secretary | O417643 Alison Lunde Kentucky Sec Received and | rgan Grimes cretary of State | |
|---|---|--|--|---|--|--|
| Alison Lundergar Secretary of S P. O. Box 7 Frankfort, KY 406 | State '18 | Reinstatement Application an Reinstatement Annual Report | | 9/10/2019 12 Fee Receipt: | :04 PM | |
| (502) 564-34 http://www.sos. | 490 | For the years 2016 through 2019 | | | | |
| Exact organization name and principal office address VIRGIE FREEWILL BAPTIST CHURCH, INC. P O BOX 586 HIGH ST VIRGIE KY 41572 | | | name. form. addre: reinsta filed o: | 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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website. | | |
| Registered Agent and Registered Office Address JAMES MIRACLE P O BOX 586 HIGH ST VIRGIE, KY 41572 If the above company is included in a parent company's Kentucky tax return company's information here (optional): FEIN: | | | | | arent | |
| Principal Officers - I specified, officer addresses de | List the name, addre fault to the principal | ess and title of all current officers. All o office address. Corporations are require | rganizations must list at least one (1) ed to list a Secretary or other officer s | officer, even in the case of erving as records custodia | a sole officer . If not n | |
| President | | AN TACKETT | | | ······································ | |
| Vice President | BRO BRIA | AN TACKETT | | | | |
| Secretary | PATRICIA | A STEWART | | | | |
| Treasurer | DEBBIE E | BURKE | | | | |
| Directors - Non-profit con office address. | rporations must have | e at least three (3) directors. All director | s of the non-profit must be listed. If No | ot specified, director addre | sses default to the principal | |
| BRO DEWAYNE ELS | SWICK | | | | | |
| BRO TRACY FLEMIN | NG | | ······································ | | | |
| | | | | | | |

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 273.3181. Enclosed is a check in the amount of \$160.00, 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 VIRGIE FREEWILL BAPTIST CHURCH, INC. 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.

astar on Signature of officer Or chairman of the board (Required) litie (Required)

9 - ?- 2019 Date (Required)



| VIRGIE FREEWILL BAPTIST CHURCH, INC. P O BOX 586 HIGH ST VIRGIE KY 41572 | Notice Date: KY SoS Org. ID: | September 10, 2019 0417643 |
|--|---------------------------------|-------------------------------|
|--|---------------------------------|-------------------------------|

| 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 | ON We verified the following information. | | | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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 | | | |