Organization ID # 0021856 Commonwealth of Kentucky State of origin KY
Filing fee \$235.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 2/26/2018 2:49 PM Fee Receipt: \$235.00

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 years 2010 through 2018

RST

| Evact | organization  | name   | and | principal  | Office | addrose |
|-------|---------------|--------|-----|------------|--------|---------|
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HARLAN COUNTY EMERGENCY AND RESCUE SQUAD, INCORPORATED PO BOX 98 GRAYS KNOB KY 40829 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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

DALE W. LEWIS 2008 SOUTH US HWY 119 BAXTER, KY 40806

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: Name:

| Princii    | pal Officers      | <ul><li>List the nam</li></ul> | e, address      | and title of a | all current officers | . All organization | ons must list at le | east one (1) office | er, even in the case | of a sole officer. If no |
|------------|-------------------|--------------------------------|-----------------|----------------|----------------------|--------------------|---------------------|---------------------|----------------------|--------------------------|
| specified, | officer addresses | default to the p               | principal offic | ce address. C  | Corporations are r   | equired to list a  | a Secretary or o    | ther officer servin | g as records custoo  | dian                     |

| President                    | CHRIS ALLEN                                      |   |
|------------------------------|--|---|
| Vice President               | WILLIE D GALLOWAY-II                             | Snothy moore  |
| Secretary                    | CYNTHIA WYNN                                     | Rebecca Hewart  |
| Treasurer                    | M JUANITA COLE                                   |   |
| Directors - Non-profit corpo | orations 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 |
| TOMMY COUCH                  |  |   |
| MARVIN WYNN                  |  |   |
| BRADLEY GUTHRIE              |  |   |
|                              |  |   |
| ****                         |  |   |

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 \$235.00, 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 HARLAN COUNTY EMERGENCY AND RESCUE SQUAD, INCORPORATED 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 of officer or chairman of the board (Required)

Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139 502-564-0058 Fax:

Notice Date: February 26, 2018 KY SoS Org. ID: 0021856

SQUAD, INCORPORATED **PO BOX 98 GRAYS KNOB KY 40829** 

HARLAN COUNTY EMERGENCY AND RESCUE

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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056