Organization ID # 0679474 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0679474.09

NPRF

**Alison Lundergan Grimes Kentucky Secretary of State** Received and Filed: 2/1/2018 3:07 PM Fee Receipt: \$130.00

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 2017 through 2018

Date (Required)

Exac	t organization name and principal office address
	AMPHIBIAN AND REPTILE CONSERVANCY (ARC), INC
	1622 ORDWAY PLACE
	NASHVILLE TN 37206

Signature of officer or chairman of the board (Required)

The principal office address and registered agent name/office address cannot be changed on this

1622 ORDWAY PLACE NASHVILLE TN 37206			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 Regi	stered Office Addre	ess	FEIN (Optional	n	
SANDIE KILPATRIC				-,	
USFS					
1700 BYPASS RD WINCHESTER, KY	40204				
f the above company is include	d in a parent company	's Kentucky tax return as a disrega	rd€	nt	
company's information here (op		, c			
FEIN: Name:					
		all current officers. All organizations must			
·	· · · · · · · · · · · · · · · · · · ·	Corporations are required to list a Secreta	ry or other officer serving as record	ds custodian	
	DWARD W CHRIS	TOFFERS			
Executive J	<u>EFFREY N HOLME</u>	<u> </u>			
	·				
<b>Directors -</b> Non-profit corporation office address.	ns must have at least three	(3) directors. All directors of the non-profit	must be listed. If not specified, dire	ctor addresses default to the principal	
WHIT GIBBONS		MARVIN MORIARTY			
SARAH CROSS OWEN		SUE LIBERMAN			
BRIAN TODD		SCOTT HARDIN			
DONALD MACLAUCHLAN					
JIMMY BULLOCK					
			······································		
The undersigned states that	the grounds for disse	on October 9, 2017 because the olution either did not exist or ha eck in the amount of \$130.00, p	ve been eliminated, and th	e entity's name satisfies the	
	PHIBIAN AND REPT	y authorizes the Kentucky Depa ILE CONSERVANCY (ARC), IN			
f not an officer of said entity	pleaso provide a Di	eclaration of Power of Attorney	with the Reinstatement Ap	plication.	
	my	TREASURER		1/26/18	

Title (Required)

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

502-564-0058 Fax:

AMPHIBIAN AND REPTILE CONSERVANCY (ARC),

Notice Date: KY SoS Org. ID: February 1, 2018

0679474

INC.

**1622 ORDWAY PLACE** NASHVILLE TN 37206

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: Bruce REV3968, Taxpayer Services Specialist I

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038