Organization ID # 0870400 State of origin KY Filing fee \$115.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0870400.09

kdcoleman NPRF

Michael G. Adams Kentucky Secretary of State Received and Filed:

4/5/2024 1:13 PM Fee Receipt: \$115.00

**RST** 

Date (Required)

Michael G. Adams 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 2023

| <u>Exact organization name and princ</u> | <u>ipal office address</u> |
|--|----------------------------|
| IGLESIA NUEVA RESTAURA                   | CION ROSA DE SARON INC.    |
| 207 BAUGHMAN AVENUE                      |                            |
| DANVILLE KY 40422                        |                            |

cer Or chairman of the board (Required)

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="https://web.sos.ky.gov/bussearchnprofile/search">https://web.sos.ky.gov/bussearchnprofile/search</a> or

|  |  |                            | ing the first of the control of the  |                      | web.sos.ky.gov/bussearchnpro          | file/search or          |
|--|--|----------------------------|--|----------------------|---------------------------------------|-------------------------|
|  |  |                            | e de la companya de l | *                    | an he downloaded from our webs        | ite                     |
| Registered Agent and R                               | naistared Off                          | ioo Addroce                |  |                      |                                       |                         |
| <del>Registered Agenit and R</del><br>Jaime Gonzalez |  | ina waarass                |  |                      |                                       |                         |
| 512 MAIN STRE  |  |                            |  | 1 2 <sub>24</sub>    |                                       |                         |
| RUSSELL SPR  |  | <b>42</b>                  |  |                      |                                       |                         |
|  |  |                            | v tax return as a dis  | regarded enuiv       | or a substitutary, piedse provi       | ue me parent            |
| company's information here                           |  |                            | •  | ,                    |                                       | •                       |
| FEN: Nan   | ne:                                    |                            |  |                      |                                       | •                       |
|  | :                                      |                            |  | -                    |                                       | ;                       |
| Principal Officers - Lis                             | t the name, addre                      | ess and title of all curre | ent officers. All organiza   | tions must list at I | east one (1) officer, even in the     | case of a sole officer. |
|  |  |                            | Corporations are requir  | ed to list a Secreta | ary or other officer serving as rec   | ords custodian          |
| President  | JAIME P G                              |                            | <u> </u>   | 11 192               |                                       |                         |
| Vice President                                       | MARIA L G                              | ONZÁLEZ                    | · · · · · · · · · · · · · · · · · · ·  |                      | <u> </u>                              |                         |
|  | -                                      |                            |  |                      |                                       | ·                       |
|  |  |                            |  | 1.                   |                                       |                         |
|  |  |                            |  |                      |                                       |                         |
|  | orations must hav                      | e at least three (3) direc | tors. All directors of the   | non-profit must b    | e listed. If Not specified, director  | addresses default to    |
| the principal office address.                        | · · · · · · · · · · · · · · · · · · ·  | <u> </u>                   |  |                      |                                       |                         |
| YAZMÍN SOLORIO                                       | <u></u>                                |                            | <u></u>  | <del></del>          |                                       |                         |
| WILBERT VELÁZQUE                                     | Z - 3.0                                |                            | <u> </u>   | 19.3.1               |                                       |                         |
| RIVERA LESLIA  | 1                                      | + <u></u>                  |  | <u> </u>             |                                       |                         |
|  |  | 2 d                        |  |                      | · · · · · · · · · · · · · · · · · · · | 1                       |
|  |  |                            | . ,  |                      | 1 7 4 4 1 1 1 1 1                     |                         |
|  | ······································ | 10 34 2                    |  |                      |                                       |                         |
| <del></del>  |  | dia a di mada a a Catal    | 4 0000 hassu   | a tha a'atthi'di     | d not file its appual report          | for the year 2022       |
| The above entity was ac                              | illinistratively                       | alssolved on Octor         | oithandid not exict  | se the entity of     | d not file its annual report          | loi line year 2020.     |
| The undersigned states                               | that the groun                         | ias ior aissolution        | enner did not exis   | 115 00 post          | eliminated, and the entity            | S Hallie Sausiles       |
| •  |  |                            |  |                      | ole to Kentucky State Trea            | i                       |
|  |  |                            |  |                      | fRevenue to release any               |                         |
| information pertaining to                            | Iglesia Nueva                          | a Restauracion Ro          | sa De Saron Inc. t   | o the Secretar       | y of State, as required for           | reinstatement           |
| pursuant to KRS 271B.1                               | <b>4-220</b> .                         |                            | 10 mm 1 m  |                      |                                       |                         |
| If not an office and said e                          | ntity, please pr                       | rovide a Declaratio        | n of Power of Attor  | nev with the R       | einstatement Application.             |                         |
| & \ /////  | ///                                    |                            |  | ,                    |                                       |                         |
|  | <i>Y-ff</i>                            |                            | Drac'd. L  |                      | U.                                    | C-21/                   |

Title (Required)

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

Fax: 502-564-0058

Iglesia Nueva Restauracion Rosa De Saron Inc. 207 BAUGHMAN AVENUE **DANVILLE KY, 40422** 

Notice Date: April 5, 2024 KY SoS Org. ID: 0870400

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: James REVE277, Taxpayer Services Specialist III

Email: James.Sutherland@ky.gov

Direct: 502-564-7359