Organization ID # 0890300 State of origin KY Filing fee \$115.00 Alisor	Commonwealth of Kentun Lundergan Grimes, Secre	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicat Reinstatement Annual For the year 2015	tion and Filed: 12/9/2015 12:03 PM Fee Receipt: \$115.00
Exact organization name and principal office address DAVIESS COUNTY SPARTANS, INC 2217 CALHOUN RD OWENSBORO KY 42301		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.kv.gov/fisearch</u> or can be downloaded from our website.
Registered Agent and Registere ABBY BERTHOLD 2217 CALHOUN RD OWENSBORO, KY 4230 Principal Officers List the same add		ast one (1) officer, even in the case of a sole officer. If not
	al office address. Corporations are required to list a Secretary or oth the secretary or other secretary or	
Directors - Non-profit corporations must ha office address. HODY Berthale Brithour Siger Steve Acrimol	ve at least three (3) directors. All directors of the non-profit must be	e listed. If not specified, director addresses default to the principal

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$115.00, 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 DAVIESS COUNTY SPARTANS, 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.

X 20 Q Q/ Signature of officer or chai an of the board (Required) (Required)



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE **OFFICE OF INCOME TAXATION**

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS** Executive Director

December 9, 2015

## **DAVIESS COUNTY SPARTANS, INC** 2217 CALHOUN RD **OWENSBORO KY 42301**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, DAVIESS COUNTY SPARTANS, INC 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,

James REVE277, Taxpayer Services Specialist II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0890300

