| Organization ID # 0728302<br>State of origin KY<br>Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St                          |  |                       |   |                          |  | Alison Lundergan Grimes<br>Kentucky Secretary of State<br>Received and Filed:   |   |               |
|--|--|-----------------------|---|--------------------------|--|---|---|---------------|
|  | .  |                       |   |                          |  | 12/30/2019<br>Fee Receip  |   |               |
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov    |  |                       | Reinstatement Application and<br>Reinstatement Annual Report<br>For the year 2019 |                          |  |   | RST   |               |
| Exact organization nar   |  |                       |   |                          |  | fice address and  |   |               |
| FRIENDS OF THE KENTUCKY STATE<br>INC.<br>801 TETON TRAIL<br>FRANKFORT KY 40601   |  |                       | IURE PRESEI   | RVES COMMISSI            | ON, form. When rein<br>addresses until t<br>reinstatement is | Iress cannot be cl<br>stating, you cannot<br>he reinstatement is<br>filed, the statement<br><u>p.sos.ky.gov/ftsea</u><br>n our website. | t modify the<br>filed. Once the<br>t of change can be | •.            |
| Registered Agent and<br>PETER EVERE<br>389 ELAINE D<br>LEXINGTON, F<br>If the above company is in<br>company's information her<br>FEIN:N | ETT BROWN<br>RIVE<br>(Y 40504<br>cluded in a parer |                       | entucky tax retu  | rn as a disregarde       |  |   |   |               |
| Principal Officers - Lis<br>specified, officer addresses defa  |  |                       |   |                          |  |   | sole officer. If not                                  | -             |
| Treasurer  | MARTINA  |                       |   | <u></u>                  | <u></u>  |   |   |               |
| Chairman   | PETER BR   | OWN                   |   | · · ·                    | · · · ·  |   |   |               |
|  |  |                       |   |                          |  |   |   |               |
|  |  |                       | ······································  |                          | · · · · ·  |   |   | ·             |
| Directors - Non-profit corp  | orations must have a                               | at least three (3) di | irectors. All director  | s of the non-profit must | be listed. If Not specifie                                   | d, director address   | es default to the pr                                  | incipal       |
| PETER BROWN  |  |                       | :   | · · · · · · · · ·        | . :  |   | · · · · ·   | -             |
| MARTHA PAYNE   |  |                       |   |                          | · · · · · · · ·  |   | · · · · ·   |               |
| HANNA HELMS  |  |                       |   |                          |  |   |   |               |
|  |  |                       | •   | and see                  | ar 1 .   |   |   |               |
|  | · · · · ·  |                       |   |                          |  |   |   |               |
|  |  |                       |   |                          | · · · ·  |   |   |               |
| The above entity was at<br>The undersigned states<br>requirements of KRS 27  | that the ground                                    | ls for dissoluti      | ion either did n  | ot exist or have b       | een eliminated, ar   | nd the entity's   | name satisfies  | 019.<br>s the |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to FRIENDS OF THE KENTUCKY STATE NATURE PRESERVES COMMISSION, 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.

| Xt llas stero former                                     | treasurer        | 12-19-19        |
|--|------------------|-----------------|
| Signature of officer Or chairman of the board (Required) | Title (Required) | Date (Required) |



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| FRIENDS OF THE K<br>PRESERVES COMM<br>801 TETON TRAIL<br>FRANKFORT KY 40 |  | Notice Date:<br>KY SoS Org. ID:  | December 26, 2019<br>0728302  |  |  |  |
|--|--|--|---|--|--|--|
| RE:  | Letter of Good Standing Request - Approved   |  |   |  |  |  |
| SUMMARY  | You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.  |  |   |  |  |  |
| OUR DETERMINATION  | <ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt<br/>from filing.</li> <li>You have no outstanding tax assessments with the Division of<br/>Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol> |  |   |  |  |  |
| WHAT YOU NEED TO DO  | <ol> <li>If you are attempting to reinstatic copy of this letter to the Kentucky of the notice date above.</li> <li>If you are a for-profit corporation the Secretary of State a letter of g Unemployment Insurance. Their the secretary are a non-profit entity, plyour tax returns with the Kentuck filing requirements website is: http://www.consumerprotection/charity/Pages.</li> </ol>  | y Secretary of State<br>on, you will also no<br>ood standing from<br>telephone number is<br>lease remember to f<br>y Attorney General<br>p://ag.ky.gov/famil | within 30 days<br>eed to provide<br>the Division of<br>5 502-564-6835.<br>iile a copy of<br>. The charity |  |  |  |
| CONTACT<br>INFORMATION   | If you have any questions regarding this notice, please contact me. Thank<br>you.<br>Agent: Megan REVY099, Taxpayer Services Specialist I<br>Email: MeganD.Roberts@ky.gov<br>Direct: 502-564-7310  |  |   |  |  |  |