## State of origin

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Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

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**NPRF** Alison Lundergan Grimes

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 year 2014

**Kentucky Secretary of State** Received and Filed: 10/7/2014 12:30 PM Fee Receipt: \$115.00

Exact organization name and principal office address

BLUEGRASS CENTER FOR AUTISM, INC. 9810 BLUEGRASS PARKWAY **BLUEGRASS CENTER FOR AUTISM LOUISVILLE KY 40299** 

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

SUSAN FOWLER 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299



specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian **President** NICHOLAS WEATHERLY Secretary VERONICA CAPE Treasurer **NICK PFEIFFER**  $\gamma \gamma_1$ Vice President ANNE GREGORY Directors - Non-profit corporations 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 office address. **DAVID METTS** DAVID RAMAGE adge LAURA STONE RACHEL HOOD LAURA LANDENWICH

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 BLUEGRASS CENTER FOR AUTISM, 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.



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 7, 2014

BLUEGRASS CENTER FOR AUTISM, INC. 9810 BLUEGRASS PARKWAY BLUEGRASS CENTER FOR AUTISM LOUISVILLE KY 40299

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **BLUEGRASS CENTER FOR AUTISM, 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0760305

