Organization ID # 0890307 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Michael G. Adams, Secretary of Stat				Michael G. Adams Kentucky Secretary of State Received and Filed		NP tate
Michael G. Ac Secretary of S P. O. Box 7 Frankfort, KY 406 (502) 564-34 http://www.sos.k	State 18 02-0718 90	Reinstatement Ap Reinstatement Ar For the years 2020 t	nnual Report		RST	
Exact organization nam THE CUMBERL 424 ENGLEWO MIDDLESBORO	AND MOUNTA	oal office address NN FALL FESTIVAL, INC.	agent name/office on this form. Whe modify the address filed. Once the reins statement of chang	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>https:</u> web.sos.ky.gov/ftsearch or can be downloaded		
company's information here	Smith d Road Y 40965 kuded in a parer e (optional):	nt company's Kentucky tax return as a disr	egarded en wy or a subsidiary, ,	510000 prom	So the period	
		ess and title of all current officers. All organizat principal office address. Corporations are require				-
THUS SPECTHED. OFFICER address	JON GRAC	ж.				_
President	EMILY HA			<u> </u>		_
rioi specified, officer address President Secretary Treasurer				······		-
President Secretary Treasurer	EMILY H A DONNA E		non-profit must be listed. If Not spec	ified, director	addresses default to	~~ ~~ ~~

0890307.09

kdcoleman

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$130.00, 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 THE CUMBERLAND MOUNTAIN FALL FESTIVAL, 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.

Signature of officer Or chairman of the board (Required) Presiclent Tille (Required) CA 1



THE CUMBERLAN INC. 424 Englewood Road Middlesboro KY 409	I	IOUNTAIN FALL FESTIVAL,	Notice Date: KY SoS Org. ID:	September 7, 2021 0890307		
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.					
	2. 3. 4.	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 				
WHAT YOU NEED TO DO	1. 2. 3.	 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. 				
CONTACT INFORMATION	If yo	you have any questions regarding this 1.	notice, please cont	act me. Thank		
	Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310					