Organization ID # 0923007 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 6/5/2017 1:49 PM Fee Receipt: \$130.00

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 years 2016 through 2017

Exact organization name and principal office address

CUMBERLANDS REGIONAL FOSTER/ADOPTIVE PARENT AND FRIENDS ASSOCIATION, INC.

PO BOX 3396 **WEST SOMERSET KY 42564**

Registered Agent and Registered Office Address

JEFF KIDD 2499 WEST HIGHWAY 80 SOMERSET, KY 42503

If the above company is included in a parent company's Kentucky tax return as a disregarded

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.

FFIN (Ontional)

| company's information | on nere (optional): | | | | | |
|---------------------------------------|---|-------------------------------|-------------------------------|--|--------------------------------|------------------------|
| FEIN: | Name: | | | | | |
| | | | | | | |
| Principal Officer | rs: - List the name, address and title | of all current officers. All | organizations must list at | least one (1) officer, ever | n in the case of a sole office | er. If not |
| specified, officer address | ses default to the principal office addre | ss. Corporations are requi | ired to list a Secretary or o | other officer serving as re | ecords custodian | |
| President | Melinde | macine. | P.O.BO | 1746 171- | I Vernon K | 440456 |
| Vice-President | - II | | | | | 11000 |
| Secretary | TOUTIST I | 2100 | PIRE | 1 2201/2 1 | CIMPICE. | KUG7201 |
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| Treasurer | Lacorel | 17/7011 | 19101 | IC + IACII | FURA SCH | ELICE HILLS |
| Directors Noncre | ofit corporations must have at least the | no (3) directors All directs | ore of the non-profit must | he listed If not specified | director addresses default | to the principal 43553 |
| office address. | on corporations must have at least the | se (3) directors. All directo | ors or the non-profit must | be listed. If flot specified, | , director addicesces delacit | to the philospai |
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The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. 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 CUMBERLANDS REGIONAL FOSTER/ADOPTIVE PARENT AND FRIENDS ASSOCIATION, 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.



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

June 5, 2017

CUMBERLANDS REGIONAL FOSTER/ADOPTIVE PARENT AND FRIENDS 179 WHEELDON ROAD SCIENCE HILL, KY. 42553

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CUMBERLANDS REGIONAL FOSTER/ADOPTIVE PARENT AND FRIENDS ASSOCIATION, 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,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169

Phone: (502) 564-2169 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0923007

