Organization ID # 0958808 State of origin KY Filling fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0958808.09

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 6/23/2020 11:02 AM Fee Receipt: \$130.00

RST

Michael G. Adams 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 2019 through 2020

Exact organization name and principal office address
SAMARIPOSAS DREAM, INC.
2959 LEVELWOOD ROAD

2959 LEVELWOOD ROAD CAMPBELLSVILLE KY 42718

Registered Agent and Registered Office Address
ELAINE ALVORD

2959 LEVELWOOD ROAD
CAMPBELLSVILLE, KY 42718
If the above company is included in a parent company's Kentucky tax return as a disregarded

company's information here (optional):

FEIN:

Name:

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/fisearch or can be downloaded from our website.

CEO	ELAINE ALVORD	
CEO	SAMUEL ALVORD	
Secretary	RACHELLE IADICICCO	
Directors - Non-proffice address.	rofit corporations must have at least three (3) directors. A	All directors of the non-profit must be listed. If Not specified, director addresses default to the principal
Directors - Non-proffice address. ELAINE ALVOR		Il directors of the non-profit must be listed. If Not specified, director addresses default to the principa
office address.	0	ull directors of the non-profit must be listed. If Not specified, director addresses default to the principal
office address. ELAINE ALVOR	D RD	all directors of the non-profit must be listed. If Not specified, director addresses default to the principal

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 SAMARIPOSAS DREAM, 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 (Réquireb)

Title (Required)

Date (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139

June 22, 2020

0958808

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

SAMARIPOSAS DREAM, INC. 994 PENITENTIARY BEND RD. **GREENSBURG, KY 42743**

Letter of Good Standing Request - Approved

SUMMARY

RE:

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.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy 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.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/ consumerprotection/charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310