Organization ID # 051 State of origin KY	³⁵¹² Commonwealth	of Kentucky 0513512.09 sburgin
Filing fee \$145.00	ECRETARY OF State Michael G. Adams Kentucky Secretary of State Received and Filed:	
Michael G. Adam Secretary of Stat		Application and
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov		Annual Report RST
		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>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.
Registered Agent and Re GREG DAVIS 245 W. SLAUGH MAYFIELD, KY 4: If the above company is inclu company's information here (FEIN: Nam	TER ROAD 2066 ded in a parent company's Kentucky tax return as optional):	a disregarded
	ne name, address and title of all current officers. All organiza to the principal office address. Corporations are required to li	tions must list at least one (1) officer, even in the case of a sole officer. If not st a Secretary or other officer serving as records custodian
President	LLYODS SHELBY GILSON	
Secretary	CHUCK FLOWERS	
Vice President	GREG DAVIS	
Directors - Non-profit corpora office address.	tions must have at least three (3) directors. All directors of the	a non-profit must be listed. If Not specified, director addresses default to the principal
DANNY ROGERS		
CHUCK ELOWERS		

GREG DAVIS

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 \$145.00, 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 SHARON MISSIONARY BAPTIST CHURCH, 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)

Vice President Title (Required)

3 /25/20 Date (Required)



SHARON MISSIONARY BAPTIST CHURCH, INC. 3735 STATE ROUTE 303 MAYFIELD KY 42066

Notice Date: April 3, 2020 KY SoS Org. ID: 0513512

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.	
	 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. This notice will remain current for 30 days from the notice date above. 	
WHAT YOU NEED TO DO	 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. 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. 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: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289	