Organization ID # 0773314 State of origin KY Filing fee \$115.00 Michael G. Adams, Secretary of State				Michael Kentuck	0773314.09 mwe Michael G. Adams Kentucky Secretary of State Received and Filed: 10/30/2023 3:50 PM Fee Receipt: \$115.00 RST	
Michael G. Adams Secretary of State P. O. Box 718 Trankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov			Fee Red			
		· · · · · · · · · · · · · · · · · · ·	agent name on this forr modify the filed. Once statement o	/office address n. When reinsta addresses until he reinstatemer f change can be	s cannot be char tting, you cannot the reinstatement nt is filed, the s filed online at <u>ht</u>	iged is t <u>ps://</u>
_ RD , KY 40356 led in a pareīnt compa		eturn as a disre	egarded entity or a subsi	alary, please p	provide the pare	ent
	title of all current offic		ons must list at least one (1)			
he name, address and f	title of all current offic	ers. All organization				
he name, address and t default to the principal of ALISSA SMITH	title of all current offic office address. Corpor	ers. All organization	ons must list at least one (1)			
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME	title of all current offic office address. Corpor	ers. All organization	ons must list at least one (1)			
he name, address and t default to the principal of ALISSA SMITH	title of all current offic office address. Corpor ENTO	ers. All organization	ons must list at least one (1)			
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME LESLEE HORN LINDSEY BENTL	title of all current offic office address. Corpor ENTO EY	ers. All organizati ations are required	ons must list at least one (1)	officer serving		lian
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME LESLEE HORN LINDSEY BENTL	title of all current offic office address. Corpor ENTO EY	ers. All organizati ations are required	ons must list at least one (1) d to list a Secretary or other	officer serving		lian
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME LESLEE HORN LINDSEY BENTL	title of all current offic office address. Corpor ENTO EY	ers. All organizati ations are required	ons must list at least one (1) d to list a Secretary or other	officer serving		lian
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME LESLEE HORN LINDSEY BENTL tions must have at least	title of all current offic office address. Corpor ENTO EY three (3) directors. All	ers. All organizations are required	ons must list at least one (1) d to list a Secretary or other	officer serving		lian
he name, address and to default to the principal of ALISSA SMITH JENNIFER ALIME LESLEE HORN LINDSEY BENTL tions must have at least	title of all current offic office address. Corpor ENTO EY three (3) directors. All	ers. All organizations are required	ons must list at least one (1) d to list a Secretary or other	officer serving		lian
	e R 0718 gov and principal offic rBALL BOOSTERS KY 40340-1228 gistered Office Add RD , KY 40356 led in a parent compa	e Reinstatem Reinstatem Reinstatem Fo Fo Jov and principal office address TBALL BOOSTERS, INC KY 40340-1228 gistered Office Address RD , KY 40356 led in a parent company's Kentucky tax r	P Reinstatement Apple 0718 Reinstatement Ample 1000 Reinstatement Ample 1000 For the year 1000 Image: State of the	P Reinstatement Application and Reinstatement Annual Report For the year 2023 gov Interprint and and principal office address TBALL BOOSTERS, INC KY 40340-1228 The principal agent name on this forr modify the a filed. Once to statement of web.sos.ky. gistered Office Address Interprint agent name on this forr modify the a filed. Once to statement of web.sos.ky. RD , KY 40356 RD Interprint agent name on this forr modify the a filed. Once to statement of web.sos.ky.	Reinstatement Application and Reinstatement Annual Report For the year 2023 The principal office address TBALL BOOSTERS, INC KY 40340-1228 isstered Office Address - RD , KY 40356 led in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please	S Provide the second secon

× alina F. Smith	President	10-23-23
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)

,



EJHS GIRLS SOFTBALL BOOSTERS, INC PO BOX 1228 NICHOLASVILLE KY, 40340-1228

Notice Date: October 30, 2023 KY SoS Org. ID: 0773314

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: Megan REVY099, Taxpayer Services Specialist II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	