Organization ID # 079741 State of origin KY Filing fee \$115.00 Ali	¹⁵ Commonw ison Lundergan (-	of S _{Alison Lunc}	NPRF Jergan Grimes	
Alison Lundergan Grime Secretary of State P. O. Box 718 Frankfort, KY 40602-071 (502) 564-3490 http://www.sos.ky.gov	18 Reinstate Reinstate	Reinstatement Application and Reinstatement Annual Report For the year 2018			Kentucky Secretary of State Received and Filed: 12/6/2018 11:28 AM Fee Receipt: \$115.00	
Exact organization name an NIA URBAN MINIST 501 WEST SIXTH ST SUITE 250 LEXINGTON KY 405	RIES, INC. TREET		name/off form. Wh addresse reinstater filed onlin	cipal office address ar fice address cannot be nen reinstating, you can s until the reinstatemen nent is filed, the statem e at <u>app.sos.ky.gov/fts</u> led from our website.	changed on this not modify the t is filed. Once the ent of change can be	
Registered Agent and Regis DANNY ANTHONY E 3040 BLACKFORD F LEXINGTON, KY 405 If the above company is included company's information here (opti FEIN:	EVERETT PARKWAY 509 d in a parent company's Kentucky t ional):	ax return as a disre		Optional)	j, ent	
specified, officer addresses default to th	ame, address and title of all current office e principal office address. Corporations a	ers. All organizations m e required to list a Sec	ust list at least one (1) offi retary or other officer serv	icer, even in the case of ing as records custodia	a sole officer. If not	
(i'	ANNY ANTHONY EVERETT	eradi ^{era} lija.				
	BOUL MUHAMMAD		·		<u> </u>	
Treasurer	RAEL DELL BENBOW, JR.					
office address.	s must have at least three (3) directors. All	directors of the non-pr	offt must be listed. If not s	specified, director addre	sses default to the principal	
DANNY ANTHONY EVERE						
ISRAEL DELL BENBOW, JF		<u>e ciriele</u> t	<u>ann na Saidh</u>		·	
ABDUL MUHAMMAD		r. j ^{es} tru <u>kan ka</u>				
		<u>FT, MG, T</u>				
		<u> na ser dana .</u>		<u>a ar - 4007 a</u>		
The above entity was adminis The undersigned states that the	stratively dissolved on October	16, 2018 because	the entity did not f	ile its annual repo	ort for the year 2018.	

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. Incasur 67 Signature of officer or chairman of the board (Regy Title (Required)

918



NIA URBAN MINISTRIES, INC.
501 WEST SIXTH STREET
SUITE 250
LEXINGTON KY 40508

Notice Date:	December 6, 2018
KY SoS Org. ID:	0797415

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: Bruce REV3968, Taxpayer Services Specialist I Email: Bruce.Owens@ky.gov Direct: 502-564-2038			