Organization ID # 0405	i622 Commonwea	alth of Kentucky	0405622.09 dwilliams
State of origin KY Filing fee \$145.00		s, Secretary of State	NPRF
rining iee \$145.00	menael C. Adam	s, occietary of otate	Michael G. Adams Kentucky Secretary of State
		· · · · · · · · · · · · · · · · · · ·	Received and Filed:
Michael G. Adams	3		2/7/2022 12:22 PM
Secretary of State	Reinstatem	ent Application and	Fee Receipt: \$145.00
P. O. Box 718	Reinstater	nent Annual Report	КЭТ
Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.go	For the yea	ars 2020 through 2022	
	K ROAD	name/office ad form. When rei addresses until reinstatement is filed online at <u>h</u>	office address and registered agent Idress cannot be changed on this nstating, you cannot modify the the reinstatement is filed. Once the s filed, the statement of change can be <u>ttps:\web.sos.ky.gov\ftsearch</u> or can from our website.
Registered Agent and Reg	<u>jistered Office Address</u>	FEIN (Opti	onal)
company's information here (o	ed in a parent company's Kentucky tax re	_	ent
	e <b>name, address and title</b> of all current officers. A o the principal office address. Corporations are req		
President	JEANNETTE MARSON	· · · · ·	
Secretary l	LESLIE IKERD		
Treasurer /	ALISHA CURRY		
<b>Directors</b> - Non-profit corporation	ons must have at least three (3) directors. All direc	tors of the non-profit must be listed. If Not specifie	ed, director addresses default to the principal
JAY CARY			
SUE STIVERS			
MICHELLE ALLEN			

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 SOUTHERN KENTUCKY VACATIONS, 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)

JOSH SWITZER MICHELLE PERRY

litle (Required)

Date (Required)



SOUTHERN KENTU % LARRY TOTTEN 5465 STATE PARK I JAMESTOWN KY 4		Notice Date: KY SoS Org. ID:	January 28, 2022 0405622	
RE:	Letter of Good Standing Request - Ap	proved		
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department</li> <li>An authorized person requested this</li> <li>You filed income and LLE tax returns filing.</li> <li>You have no outstanding tax assess Collections or have a valid pay agree</li> <li>This notice will remain current for 30 day</li> </ol>	letter. s as required, or you ments with the Divis ment in place.	sion of	
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate of this letter to the Kentucky Secreta notice date above.</li> <li>If you are a for-profit corporation, Secretary of State a letter of good st Unemployment Insurance. Their telep</li> <li>If you are a non-profit entity, pleas tax returns with the Kentucky Attorn requirements website is: http://ag.ky charity/Pages/registration.aspx.</li> </ol>	ary of State within 3 you will also need anding from the Div phone number is 50 se remember to file ey General. The cha	0 days of the to provide the ision of 02-564-6835. a copy of your arity filing	
CONTACT INFORMATION	If you have any questions regarding this you. Agent: Bruce REV3968, Taxpayer Ser Direct: 502-564-2038		act me. Thank	