Organization ID # 0661922 Commonwealth of Kentucky State of origin KY
Filing fee \$235.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 5/26/2016 10:31 AM Fee Receipt: \$235.00

**RST** 

Alison Lundergan Grimes 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 2008 through 2016

Exact organization name and principal office address

COMUNIDAD CUBANA EN LOUISVILLE, MUTUAL ASSISTANCE
ASSOCIATION, INCORPORATED

4725 SOUTH THIRD STREET
LOUISVILLE KY 40214

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

MARIA ARIAS 4725 SOUT I THIRD STREET LOUISVILLE, KY 40214



	List the <b>name, address and title</b> of all c fault to the principal office address. Con				officer. If not
President	Maria aria			, Louisville	Ky 40214
Vice-President		resteban 1522			
Secretary	Yilenny Sant	1165 teban 728 C	Brookline a	ve-Lours ville	dK, 40214
Treasurer	Pedro Ivela	29URZ 14071	Knight Rd	LOUISVIIIO	K4 4021)
Directors - Non-profit con office address.	rporations must have at least three (3)	irectors. All directors of the non-pro	ofit must be listed. If not spe	ecified, director addresses d	efault to the principal
				· · · · · · · · · · · · · · · · · · ·	
The above entity was a	dministratively dissolved on N	lovember 1 2008 because	the entity did not fi	le its annual report fo	or the year
2008. The undersigned	I states that the grounds for dints of KRS 273.3181. Enclose	issolution either did not ex	ist or have been elir	ninated, and the entit	ty's name
information pertaining t	y, the below signed hereby at to COMUNIDAD CUBANA EN required for reinstatement pur	LOUISVILLE, MUTUAL A	SSISTANCE ASSO		
If not an officer of said  X Marco 45	entity, please provide a Decla	ration of Power of Attorney	y with the Reinstate	ment Application.	1/16
	hairman of the board (Required)	Title (I	Required)	Date	e (Required)



DANIEL P. BORK
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

May 26, 2016

COMUNIDAD CUBANA EN LOUISVILLE, MUTUAL ASSISTANCE ASSOCIATION, INCORPORATED 4725 SOUTH THIRD STREET LOUISVILLE KY 40214

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **COMUNIDAD CUBANA EN LOUISVILLE, MUTUAL ASSISTANCE ASSOCIATION, INCORPORATED** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0661922

