Organization ID # 0633023 Commonwealth of Kentucky
State of origin KY
Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 2/24/2012 1:36 PM Fee Receipt: \$160.00

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40502-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the years 2009 through 2012

Exact organization name and principal office address
FOUR SEASONS NEIGHBORHOOD ASSOCIATION, INC.
2740 TRUMPETVINE ROAD 3102 WEATHER WAY
LOUISVILLE KY 40220

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  TAURA SMITH LES I'E ALLEN  2710 TRUMPETVINE ROAD 3102 WEATHER  LOUISVILLE, KY 40220	WAY	
Principal Officers - List the name, address and title of all current officers. All organization	ons must list at	least one (1) officer, even in the case of a sole officer. If not

specified, officer addresses	default to the principal office address. Corpora	ations are required to list a Secretary or other officer serving as records custodian	ì
President	LAURA SMITH	Leslie ALLEN - 3102 Weather WAY 402	20
Vice President	SANDY LA-FLOOETTE	KAREN BOND - 8315 LACEVINE RD	,
Secretary	CATHY KREBS	JIM PATTERSON-2925 CHIMNEY BOCK IN	(
Treasurer	- DAVID SMITH	JUDY LECKATRE-3105 KAINVIEW CIRCLE	/
<b>Directors</b> - Non-profit office address.	corporations must have at least three (3) direc	ctors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal	
GLEN BOND D	AVID SMITH 84	104 LACEVINE PLACE ZOUISVILLE, KY 40220	

JENNY RIGGS 8315 LACEVINE ROAD

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$160.00, 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 FOUR SEASONS NEIGHBORHOOD ASSOCIATION, 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.

| Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application. | Comparison of Power of Attorney with the Reinstatement Application of Power of Attorney with the Reinstatement Application of Power of Attorney with the Reinstatement Applic



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

February 24, 2012

## FOUR SEASONS NEIGHBORHOOD ASSOCIATION, INC. 3102 WEATHER WAY LOUISVILLE KY 40220

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **FOUR SEASONS NEIGHBORHOOD ASSOCIATION, INC.** 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,

Jessica Martin, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7311 FAX# 502-564-0058

Kentucky Secretary of State organization number 0633023

