Organization ID# 0773623 State of origin Filing fee \$160.00 Alison Lundergan Grimes, Secretary of S

Commonwealth of Kentucky

sburgin 0773623.09 NPRF

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/2/2019 8:19 AM

Fee Receipt: \$160.00

TOT

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 2016 through 2019

Exact organization name MANUAL GIRLS DUPONT MANUA 1200WEST XXEE S LOWEST XXEE S	LACROSSE BO XXYIYOYIXSOYIOO T.	OSTER CLUB INC.		name/offic form. When addresses t reinstateme filed online	al office address and readdress cannot be chareinstating, you cannot until the reinstatement is not is filed, the statement at app.sos.ky.gov/ftseafrom our website.	anged on this modify the filed. Once the of change can be
Danistana d Amentana d Da	wintered Office	•				
Registered Agent and Re XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	~ && & \%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Charles Leachm P.O. Box 6183			ptional)	ent
company's information here (FEIN: Nam	optional):					
Treasurer	o the principal office a MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ddress. Corporations are red Charles Leach	nuired to list a Secreta 1 man 224 N	orth Birchwoo	g as records custodian	uisville KY 4020
Secretary	Jolene Viç	<u>inoe</u>				
Directors - Non-profit corporate office address. **MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Kadner	der	ctors of the non-profit	must be listed. If Not spo	cified, director addresse	s default to the principal
The above entity was admit	at the grounds fo	r dissolution either die	d not exist or ha	ve been eliminated	I, and the entity's	name satisfies the
requirements of KRS 273.3				•	•	
Under penalty of perjury, the information pertaining to M pursuant to KRS 271B.14-	ANUAL GIRLS L	hereby authorizes the ACROSSE BOOSTE	e Kentucky Depa R CLUB INC. to	artment of Revenue the Secretary of S	e to release any ap State, as required t	oplicable tax for reinstatement
If not an officer of said enti	ty, please provid	e a Declaration of Po	wer of Attorney	with the Reinstater	nent Application.	
X Mich C. An	nald		e Arnold		ulz	2/19
Signature of officer Or chairr	nan of the board (Requ	uired)	Title (Re	equired)	1	ate (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

MANUAL GIRLS LACROSSE BOOSTER CLUB INC. P.O. BOX 6183

LOUISVILLE, KY 40206

Notice Date: November 26, 2019 KY SoS Org. ID:

0773623

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from filing.

4. 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 1. 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.
 - 2. 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.
 - 3. 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: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102