| Organization ID # | 0828926 |
|--------------------|---------|
| State of origin | KY |
| Filing fee \$130.0 | 0. |

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams 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 2021 through 2022

<u>TTT I MA TI MIT NIM IMI I MMII MI</u> 0828926.09 dwilliams

NPRF

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/9/2022 7:13 AM Fee Receipt: \$130.00

| Exact organization name and principal office address | | | | |
|--|--|--|--|--|
| WEST LOUISVILLE DREAM TEAM, INC | | | | |
| 2900 WEST BROADWAY | | | | |
| #28 | | | | |
| | | | | |

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 https: lweb.sos.ky.gov\ffsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

Shaun C Spencer 2900 West Broadway #6 Suite 219

Louisville, KY 40211

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: Name:

TIMOTHY COX

Principal Officers - List the name, address and title of all current officers. All organizations 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. Corporations are required to list a Secretary or other officer serving as records custodian Drealdant

| Flesident | SHAUN SPEI | NOEK. | · · | <u></u> | | • 1 | |
|--|---------------------------------------|---------------------------|-----------------|-------------------|--------------------|---------------------------|---------------------|
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| | | • | - | • • | | | |
| | | | | | | • • | |
| Directors - Non-profit corp the principal office address. | orations must have at | least three (3) directors | . All directors | of the non-profit | must be listed. If | Not specified, director a | ddresses default to |
| SHAUN SPENCER | | | * • | | | · · · · | |
| RUTH DANIELS | , | | 1 | | r | | |
| | | | , | | | | |

The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$130.00, 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 West Louisville Dream Team, 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)

nlsia Title (Required)



| West Louisville Drea 2900 West Broadway #28 suite 206 Louisville KY 40211 | | Notice Date: KY SoS Org. ID: | January 31, 2022 0828926 | | | | |
|---|---|---|--|--|--|--|--|
| 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 Departm An authorized person requested this You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree This notice will remain current for 30 day | e letter. s as required, or yo sments with the Divi ement in place. | sion of | | | | |
| WHAT YOU NEED TO DO | If you are attempting to reinstate of this letter to the Kentucky Secret notice date above. If you are a for-profit corporation Secretary of State a letter of good s Unemployment Insurance. Their tele If you are a non-profit entity, plea tax returns with the Kentucky Attorn requirements website is: http://ag.ky charity/Pages/registration.aspx. | ary of State within 3 , you will also need tanding from the Div phone number is 50 se remember to file aey General. The ch | to provide the ision of 02-564-6835. a copy of your arity filing | | | | |
| CONTACT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310 | | | | | | |