

Organization ID # 0509227  
State of origin KY  
Filing fee \$145.00

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

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NPRF  
Elaine N. Walker, KY Secretary of State  
Received and Filed:  
12/22/2011 3:01 PM  
Fee Receipt: \$145.00

Elaine N. Walker  
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 2009 through 2011

RST

Exact organization name and principal office address

OWENSBORO AREA HIV/AIDS TASK FORCE, INC.  
426 ST. ANN STREET  
OWENSBORO KY 42303

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 [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

Registered Agent and Registered Office Address

DANIEL GILLIAM  
224 SOUTH EWING RD.  
OWENSBORO, KY 42301



**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

|                |                |            |
|----------------|----------------|------------|
| President      | DANIEL GILLIAM | _____      |
| Vice President | JIM COX        | _____      |
| Secretary      | JEREMY LASHNER | SANDY ROSE |

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

|                |       |            |
|----------------|-------|------------|
| DANIEL GILLIAM | _____ | _____      |
| JIM COX        | _____ | _____      |
| JEREMY LASHNER | _____ | SANDY ROSE |

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 \$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 OWENSBORO AREA HIV/AIDS TASK FORCE, 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.

|  |                  |                 |
|--|------------------|-----------------|
| X  |                  | 12/21/11        |
| Signature of officer or chairman of the board (Required) | Title (Required) | Date (Required) |



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

December 22, 2011

**OWENSBORO AREA HIV/AIDS TASK FORCE, INC.**  
**426 ST. ANN STREET**  
**OWENSBORO KY 42303**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **OWENSBORO AREA HIV/AIDS TASK FORCE, 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,

James Sutherland, Revenue Program Officer  
Pass Through Entity Branch  
501 High Street, Mail Station 69  
Frankfort, KY 40601  
Phone: (502) 564-7359  
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0509227