Organization ID # 0937029 State of origin KY Filing fee \$205.00 Mi	Commonwealth of chael G. Adams, Sec	retary of State Michael Kentuck	029.09 kdcoleman NPRF G. Adams ky 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 A	nt Application and nt Annual Report 2016 through 2022	
Exact organization name and princ ONEWAY APOSTOLIC CHU 100 CAVE RUN RD. FRANKFORT KY 40601	RCH INC.	The principal office add agent name/office addre on this form. When reins modify the addresses und filed. Once the reinstatem statement of change can \web.sos.ky.gov\ftsearc from our website.	ess cannot be changed stating, you cannot til the reinstatement is nent is filed, the be filed online at <u>https:</u>
company's information here (optional):	<u>Dffice Address</u> rént company's Kentucky tax return as a dis	regarded entity of a subsidiary, pleas	e provide the parent
Principal Officers - List the name, ad If not specified, officer addresses default to the President WILLIN	Idress and title of all current officers. All organize the principal office address. Corporations are required on PALMER	ations must list at least one (1) officer, ever red to list a Secretary or other officer servir	n in the case of a sole officer. ng as records custodian
Vice-President Secretary Treasurer			
<b>Directors -</b> Non-profit corporations must h the principal office address.	nave at least three (3) directors. All directors of the	e non-profit must be listed. If Not specified,	director addresses default to
	· · · · · · · · · · · · · · · · · · ·	······	
The above entity was administrative		se the entity did not file its annual	<del></del>
The undersigned states that the gro the requirements of KRS 273.3181.	unds for dissolution either did not exis Enclosed is a check in the amount of \$	t or have been eliminated, and the 205.00, payable to Kentucky State	e entity's name satisfies e Treasurer.
	signed hereby authorizes the Kentucky POSTOLIC CHURCH INC. to the Secr		
If not an officer of said entity, please	provide a Declaration of Power of Attor	ney with the Reinstatement Applic	ation.
XINum Tah	PASTOR		219122

Signature of officer Or chairman of the board (Required)

Title (Required)

Date (Required)



## ONEWAY APOSTOLIC CHURCH INC. 238 Stockton Rd FRANKFORT KY 40601

Notice Date:February 9, 2022KY SoS Org. ID:0937029

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038	