Organization ID # 0081431 State of origin KY Filing fee \$130.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0081431.09

kdcoleman

Michael G. Adams

Kentucky Secretary of State Received and Filed: 9/21/2022 1:14 PM Fee Receipt: \$130.00

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

Exact organi	<u>ization name and</u>	<u>i principa</u>	office	<u>address</u>

COUNCIL OF CO-OWNERS OF SHADOWOOD TOWN HOMES, INC. CHARLENE BECKER
11429 N. TAZWELL DRIVE

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="https://web.sos.ky.gov/ftsearch">https://web.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

11429 N. TAZWE LOUISVILLE KY		*	44 	filed. Once the reinstatement is filed, statement of change can be filed onl \web.sos.ky.gov\fitsearch or can be from our website.	ne at <u>https:</u>
Registered Agent and Re	gistered Office Addres	<u>s</u>	2 C	FEIN (Optional)	
ROBERT W. DEV					
C/O MCCLAIN D	•				
	BORO PARK BOULEVAR	D.			
SUITE H	40007				
LOUISVILLE, KY f the above company is inclu		Kontuolor toy roturn	as a disconardad of	ntih.	
r the above company is incit company's information here :		Remucky tax return	as a disregarded er	ility of a supplication, process pro-	
FBN: Name	• • •		1	* **	
		*		*	
Principal Officers - List f not specified, officer addresse	the name, address and title of design default to the principal office	of all current officers. A address. Corporations	Il organizations must lis are required to list a Se	st at least one (1) officer, even in the case ecretary or other officer serving as record	e of a sole officer. s custodian
President	CHARLENE BECKER	₹	·		
Secretary	DAMARIS MATOS	- "			
,			.1		
· · · · · · · · · · · · · · · · · · ·					
Directors - Non-profit corporate principal office address.	rations must have at least three	e (3) directors. All direc	tors of the non-profit m	ust be listed. If Not specified, director ad	dresses default to
DAMARIS MATOS			i i	3.	· · · · · -
CHARLENE BECKER		•			
CHARLENE BECKER	1 · · · · · · · · · · · · · · · · · · ·		1	, , , , , , , , , , , , , , , , , , , ,	
Jan Sanders					· · · · · · · · · · · · · · · · · · ·
Ron Farmer					
			41		
The above entity was adn	ninistratively dissolved o	on October 18, 202	1 because the en	tity did not file its annual report fo	or the year

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 COUNCIL OF CO-OWNERS OF SHADOWOOD TOWN HOMES, 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 Declar	ration of Power of Attorney with the Reinstatement Appli	cation.
x Charlens Berker	Board President	9/19/22
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)

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

Fax: 502-564-0058

COUNCIL OF CO-OWNERS OF SHADOWOOD TOWN Notice Date: September 21, 2022 KY SoS Org. ID: 0081431 HOMES, INC. CHARLENE BECKER 11429 N. TAZWELL DRIVE **LOUISVILLE KY 40241** 

Letter of Good Standing Request - Approved RE:

**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

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: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038