Organization ID # 0917331 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

<u> 1655 NW 18115 B R A 111W1 [1**RW**f</u>

kdcoleman

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/7/2021 1:46 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 2020 through 2021

Exact org	ganization	name and	principal office	address

NORTHPOINTE CHURCH CO

The principal office address and registered agent name/office address cannot be changed on this

8605 HAINES FLORENCE K	•	ad rei file	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and	Registered Office Address		kana Fi	EIN (Optional)	
SUSAN HALE 1577 JOLEE D HEBRON, KY	XANDER DR 41048			(Operorial)	
f the above company is in company's information he	icluded in a parent company's Ken re (optional):	tucky tax return as a c	liŝregard		ent –
	lame:				
	ist the name, address and title of all curn ault to the principal office address. Corpor				
Managing Member	DANIEL JAY BUSH	15-2-			
Managing Member	BRITTANY MARIE GOUL	D		\$ \$40,000 pt	
Managing Member	SUSANHALEXANDER		and the		
			5/200	1 8 44 3 4 3	
Directors - Non-profit con	porations must have at least three (3) direct	ctors. All directors of the no	n-profit must be listed.	If Not specified, director addre	sses default to the principal
SUSAN H ALEXAND		The State of the S			
DANIEL JAY BUSH 🖔					
BRITTANY MARIE G	OULD: /				
C. LEE BECKT	(AM		er Sept. 1998 Sept. 1998		
			Marie Marie Committee Comm	1.54636	: A
				1000	
The undersigned states	dministratively dissolved on Oct that the grounds for dissolution 73.3181, Enclosed is a check in	n either did not exist	or have been elin	ninated, and the entity	's name satisfies the
	y, the below signed hereby autho NorthPointe Church Co to the				
if not an officer of said	entity, please provide a Declara	tion of Power of Atto	rney with the Rei	nstatement Application	1 .
X Janue	Xx Tub	Principal	Hizer_		(JAN 2021
Signature of officer Oro	hair ben'n if the board (Required)	Chairman	Title (Required)	ourd	Date (Required)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

NorthPointe Church Co 8605 HAINES RD, SUITE B FLORENCE KY 41042

Notice Date:

January 7, 2021

KY SoS Org. ID: 0917331

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.

An authorized person requested this letter.

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

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
 - 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