Organization ID # (	589834	<b>.</b>	141		058983		amcray NPRF
Organization ID # 0589834 Commonwealth of Kentucky   State of origin KY   Filing fee \$265.00 Alison Lundergan Grimes, Secretary of Sta						2/6/2018 2:21 PM	
P. O. Box 718 Frankfort, KY 40602-0718 Reinstate			ment Application and ement Annual Report ears 2008 through 2018		RST		
Exact organization na HORSEMAN'S PO BOX 9100 LEXINGTON	S LANE TOWNHO	<u>office address</u> MES ASSOCIATION	I, INC.	The principal office a name/office address orm. When reinstatin iddresses until the re- einstatement is filed, led online at <u>app.sos</u> lownloaded from our	cannot be chain ig, you cannot m instatement is fill the statement of ky,gov/ftsearc	nged on this hodify the led. Once the f change can be	_
Registered Agent and CHADWICK R 4017 WEBER LEXINGTON If the above company is in company's information he FEIN:	ANDALL WAY KY 40514 Included in a parent of the (optional):		x return as a disregarded o				
Principal Officers - L specified, officer addresses det	ist the name, address a aut to the principal office	nd title of all current officen address. Corporations are	s. All organizations must list at least on required to list a Secretary or other off	e (1) officer, even in Icer serving as record	the case of a so ds custodian	le officer. If not	
President	CROSWELL	CHAMBERS	290 EAST CAMBRIE	DGE LN, NICH	OLASVILL	E, KY 40356	
Treasurer LISA WALTERS		2566 OVERLAKE BL	66 OVERLAKE BLVD LEXINGTON, KY 40513				
Vice President LESLEY MOORE		PO BOX 11970 LEX	( 11970 LEXINGTON, KY 40579				
Secretary	TIM SCOTT		1151 HORSEMANS	LN UNIT 125	EXINGTO	N, KY 40504	
Directors - Non-profit cor office address.	porations must have at le	east three (3) directors. All d	irectors of the non-profit must be listed	I. If not specified, dire	ector addresses	default to the princip	al
President	CROSWELL	CHAMBERS	290 EAST CAMBR	IDGE LN, NICI	HOLASVILI	LE, KY 40356	

1	Freasurer	LISA WALTERS	2566 OVERLAKE BLVD LEXINGTON, KY 40513		
1	/ice President	LESLEY MOORE	PO BOX 11970 LEXINGTON, KY 40579		
5	Secretary	TIM SCOTT	1151 HORSEMANS LN UNIT 125 LEXINGTON, KY 40504		

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. 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 \$265.00, 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 HORSEMAN'S LANE TOWNHOMES ASSOCIATION, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer dentity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X ignature of officer or chairman of the board (Required)

PRESIDENT Title (Required) FEBRUARY 2, 2018 Date (Required)



HORSEMAN'S LAI INC. PO BOX 910103 LEXINGTON KY 4	NE TOWNHOMES ASSOCIATION, 0591	Notice Date: KY SoS Org. ID:	February 6, 2018 0589834	
RE:	E: Letter of Good Standing Request - Approved			
SUMMARY	IARYYou 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 Depart	tment of Revenue.		

- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 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 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

- State a felle 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: Ramon REV4636, Taxpayer Services Specialist I

Email: Ramon.Juanso@ky.gov Direct: 502-564-2169