Organization ID # 0031035 Commonwealth of Kentucky State of origin KY Filing fee \$145.00 Alison Lundergan Grimes, Secretary of Sta

Alison Lundergan Grimes 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 2013 through 2015

Exact organization name and principal office address LEXINGTON HOUSING FOR THE HANDICAPPED, INC. 507 ROGERS RD. LEXINGTON KY 40505

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 <u>app.sos.ky.gov/fisearch</u> or can be downloaded from our website.

Registered Agent and Registered Office Address

AMY BROWN 507 ROGERS RD. LEXINGTON, KY 40505



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	AMY BROWN	
Vice President	MICHELLE LYNDON	
Secretary	RHONDA BARTLETT	

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.

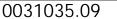
SHARON JOHNSON	
PATRICK JOHNSON	
SARAH WAINRIGHT	
FRANCIE FRESH	

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 LEXINGTON HOUSING FOR THE HANDICAPPED, 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.

boar officer or chairman of the board (Required te (Required)



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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/9/2015 11:36 AM Fee Receipt: \$145.00

RST



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

February 9, 2015

LEXINGTON HOUSING FOR THE HANDICAPPED, INC. 507 ROGERS RD. **LEXINGTON KY 40505**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, LEXINGTON HOUSING FOR THE HANDICAPPED, 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0031035

