Organization ID # 0200338 State of origin KY Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Sta			Relitucity Secretary of State			
Alison Lundergan Gri Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.g	e Reinstat ₀₇₁₈ Reinstat For the	Reinstatement Application and Reinstatement Annual Report For the years 2012 through 2015			Received and Filed: 4/22/2015 10:40 AM Fee Receipt: \$160.00	
Exact organization name and principal office address KENTUCKYLAKE MISSION, INC. 5570 MOORS CAMP HWY GILBERTSVILLE KY 42044			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/ftsearch</u> or can be downloaded from our website.			
DAN E. MOCRE 230 MCKINNON BENTON, KY 42	LANE 025	officers. All organizations must list at least	one (1) officer, even i	in the case of a s	sole officer. If not	
specified, officer addresses default t		ns are required to list a Secretary or other Chery				
	ELEANOR MOORE		olt			
	DAN MOORE	Russell K	rk patr	ick		
Directors - Non-profit corporat office address.	ions must have at least three (3) directors	s. All directors of the non-profit must be list	ed. If not specified, d	irector addresse	es default to the prin	ncipal
SHIRLEY WALLEN	R	obby Delaney	·			
RUSSELL KIRKPATRICI	<					
CHRIS POMA		atthew CUNNIN	4 ham			

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$160.00, payable to Kentucky State Treasurer.

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Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to KENTUCKYLAKE MISSION, 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.

ESIdeli Title (Required)

Signature of officer or chairman of the board (Required

TED BYARS CHERYL REHKOP



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

April 22, 2015

KENTUCKYLAKE MISSION, INC. 5570 MOORS CAMP HWY **GILBERTSVILLE KY 42044**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, KENTUCKYLAKE MISSION, **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,

Vickie REVE230, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0200338

